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ABSTRACT

This journal provides abstracts of 150 documents included in the data base of Project SHARE, a Clearinghouse for Improving the Management of Human Services. These documents are on subjects of concern, interests, and importance to those responsible for the planning, management, and delivery of human services. Abstracts, arranged in alphabetical order by author, include this information: title, publication date, number of pages, order number, and availability. Other parts of the journal are an alphabetical list of corporate authors, alphabetical list of document titles, and a subject index. The index is a guide to the abstracts by specific subject category with cross-references between conceptually related index terms and cross-references from synonyms to preferred terms. (LRA)

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CE 028 797

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Preface

About This Journal

The *Journal of Human Services Abstracts* is published quarterly by PROJECT SHARE, a Clearinghouse for Improving the Management of Human Services. PROJECT SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services. PROJECT SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

Each *Journal* announces 150 of the documents included in the PROJECT SHARE automated data base. Additional documents acquired by SHARE are published in bibliographies on selected topics. The documents announced in SHARE'S publications are restricted to those documents actually acquired by PROJECT SHARE and are not meant to provide comprehensive coverage of the field.

How To Use This Journal

The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves, arranged in alphabetical order by author; an alphabetical list of corporate authors; an alphabetical list of documents; and a subject index. The index provides a timesaving guide to the abstracts by specific subject category. The categories will be listed alphabetically and will include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. Specific numeric citations (sequential abstract numbers) will follow the preferred index terms. These are not to be confused with the document accession and ordering numbers which appear at the left of the last line of each citation (see example below).

Client referral
155, 156, 187, 207, 290, 291
Client tracking methods
See Integration-oriented keeping of client records
Clothing assistance services
189
COG's
See Councils of governments
College/university research centers
194, 280
Colocation of services
174, 187, 204
Communication and public information services
164
Communication mechanisms (interagency)
See Interagency communication mechanisms
Community/agency relationship techniques
See Agency/community relationship techniques

As can be seen, one document is relevant to at least two of the subject categories – abstract number 187.

(Sequential abstract no.) **187.** Pitts, Robert A.
Developing Generic Capability through Welfare Service Integration: Concepts, Alternatives, Limitations.
15 Sep 75, 59p Executive Summary available from PROJECT SHARE.
(Order number) **SHR-0000694** Available from NTIS, PC $8.00/MF $3.50.

In the above examples, we see that abstract 187, entitled *Developing Generic Capability through Welfare Services Integration: Concepts, Alternatives, Limitations,* was written by Robert A. Pitts, that the report was published September 15, 1975, that it is 59 pages long, and that it costs $ 8.00 for a paper copy (PC) and $3.50 for a microfiche (MF) copy. The availability statement indicates that it is obtainable from the National Technical Information Service. If the document were available from PROJECT SHARE or a private publisher, the statement would say "PROJECT SHARE" or give another source and the address. We also note that there is a 6- to 10- page *Executive Summary* of the document available from PROJECT SHARE. The actual abstract of the document would immediately follow these citation data.

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PROJECT SHARE offers a free-of-charge, on-demand reference service which permits individuals and organizations to contact the Clearinghouse by mail or phone and initiate requests for information on any topic or topics within the scope of PROJECT SHARE's mandate. The scope of PROJECT SHARE's activities is outlined in the PROJECT SHARE brochure.

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Reference products are mainly in two formats. The first is a set of computer outputs which contain standard bibliographic information in all cases and document abstracts in most others. Additionally, the user may receive handwritten citations and personal referrals developed by the reference staff.

Reference requests may be initiated by calling or by writing PROJECT SHARE.

A Note to Readers

Any questions, comments, or criticisms you may have concerning the *Journal of Human Services Abstracts* or PROJECT SHARE should be addressed to Ms. Eileen Wolff, Project Officer, at the following address:

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NASW Address Correction

The address for documents available from the National Association of Social Workers was listed incorrectly in the January 1981 *Journal of Human Services Abstracts*. The correct address is:

National Association of Social Workers
1425 H Street, N.W.
Washington, DC 20005

The documents listed below are available from NASW. Orders should include the NASW number.

Share Number	NASW Number	Title
SHR-0003644	CAB-106-C	*Aspects of Sexual Counseling with the Aged.*
SHR-0003641	CAB-103-C	*Attitudes Toward Elderly Clients.*
SHR-0003656	CAB-118-C	*Barriers to the Delivery of Psychiatric Services to the Elderly.*
SHR-0003648	CAB-110-C	*Behavioral Group Work in a Home for the Aged.*
SHR-0003664	CAB-126-C	*Characteristics of the Black Elderly.*
SHR-0003662	CAB-124-C	*Communicating with Elderly Mexican-Americans.*
SHR-0003663	CAB-125-C	*Elderly Asian Americans and Use of Public Services.*
SHR-0003646	CAB-108-C	*Family Agency and the Kinship System of the Elderly.*
SHR-0003645	CAB-107-C	*Grandparents and Intergenerational Family Therapy.*
SHR-0003650	CAB-112-C	*Group Therapy for High Utilizers of Clinic Facilities*
SHR-0003647	CAB-109-C	*Group Work With the Aging. An Issue for Social Work Education.*
SHR-0003660	CAB-122-C	*Home Health Care for the Elderly.*
SHR-0003659	CAB-121-C	*Housing for the Well Aged: A Conceptual Framework for Planning.*
SHR-0003652	CAB-114-C	*Individual Psychotherapy With the Institutionalized Aged.*
SHR-0003653	CAB-115-C	*Individualizing Therapy for the Mentally Impaired Aged.*
SHR-0003661	CAB-123-C	*Innovative Roles for Social Workers in Home-Care Programs.*
SHR-0003655	CAB-117-C	*Integrated Service Delivery Program for the Elderly: Implementing a Community Plan.*
SHR-0003642	CAB-104-C	*Interviewing the Ill Aged.*
SHR-0003665	CAB-127-C	*Life Strengths and Life Stresses: Explorations in the Measurement of the Mental Health of the Black Aged.*
SHR-0003657	CAB-119-C	*Outreach and Advocacy in the Treatment of the Aged.*
SHR-0003658	CAB-120-C	*Outreach Services in 'God's Waiting Room.'*
SHR-0003654	CAB-116-C	*Social Service Programming in Nursing Homes.*
SHR-0003651	CAB-113-C	*Social Work in the Nursing Home: A Need and an Opportunity.*
SHR-0003666	CAB-128-C	*Successor Model for Community Support of Low-Income Minority Group Aged.*
SHR-0003649	CAB-111-C	*Support Groups for Elderly Persons in the Community.*
SHR-0003643	CAB-105-C	*Task-Centered Model for Work with the Aged.*

These documents are also available as a complete set, *Working With and for the Aged*, NASW number CAB-101-C.

Abstracts

151. Abadinsky, Howard.
Social Service in Criminal Justice.
1979, 296p
SHR-0004123 Available fom Prentice-Hall, Inc., Englewood Cliffs, NJ 07632.

This book combines information from the fields of criminology, criminal justice, and social service methods to examine social service in criminal justice. It is intended for social service workers in criminal justice settings ranging from prearrest counseling to postincarceration aftercare or parole. The book draws on both literature and practical experiences of criminal justice practitioners and social service workers. It notes that despite the many theories advanced to explain criminal behavior, a single factor rarely accounts for an individual lawbreaker's criminal actions or behavior patterns. To avoid being hampered by the lack of integration between sociological and psychological approaches, social service workers must be able to match theory to offender, and to derive method from theory. Sociogenic theories of crime include theories of anomie, alienation, differential association, differential opportunity, subculture, containment, neutralization and drift, labeling, and radical theory. Psychogenic theories include psychoanalytic theory, behavior / learning theory, and reality therapy. Social service practitioners must also understand both the criminal justice sequence and criminal justice agencies in order to provide their services. Case examples illustrate practice based on sociological, psychoanalytic, and behavioral theory. Figures, footnotes which include references, case examples, a list of periodicals relevant to criminal justice practice, a glossary, and a bibliography are included.

152. Allan, Carole; Douglass, Elizabeth; Harris, Charles; Jones, Valinda; and Lewis, Jeffrey.
National Council on the Aging, Inc., Washington, DC.
Fact Book on Aging: A Profile of America's Older Population.
1978, 263p
SHR-0004029 Available from National Council on the Aging, Inc., 1828 L St., NW, Washington, DC 20036.

Designed as a convenient reference for professionals who work with the elderly, the book contains data on demographic characteristics, income, employment, physical health, mental health, housing, transportation, and criminal victimization. The information was collected from Federal Government publications, computer tapes and unpublished papers, national studies conducted by social scientists and gerontologists, and a survey on the elderly published by the National Council on the Aging. Data for 1975 have been used whenever possible. To evaluate the quality of elderly life, comparable data on the general population are presented. A survey shows that the elderly are a varied group and do not fit the stereotypes of being sick, frail, and forgotten. They do, however, have many interrelated problems that impact on society. In addition, the elderly's view of their lives may not correspond to an objective assessment. For example, surveys of the elderly constantly find widespread satisfaction with housing while concerned groups consider this a critical problem. Information is presented through highlights and charts that introduce each chapter, followed by more detailed narratives and charts. References to specialized information sources are given in footnotes.

153. Alley, Sam R.; Blanton, Judith; and Feldman, Ronald E.
Social Action Research Center, San Rafael, CA.
Paraprofessionals in Mental Health. Theory and Practice.
1979, 336p
SHR-0004024 Available from Social Action Research Center, 18 Professional Center Pkwy., San Rafael, CA 94903.

This is an anthology of papers by theoreticians and practitioners knowledgeable about the use

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of paraprofessionals in mental health. The topics range from the roles played by paraprofessionals in two specific community mental health centers, to literature documenting the effectiveness and the economic efficiency of this growing work force. Overall, the volume focuses on the use of paraprofessionals as an important strategy for improving the quality of services. Supplementary topics include volunteers and self–help groups. The anthology is organized into five sections, progressing from general to specialized issues. The philosophy and history of the use of paraprofessionals is presented to provide background for the specific topics to follow, such as general issues in service programs involving paraprofessionals, specialized roles for paraprofessionals in nontraditional functions (e.g., psychosocial rehabilitation and indigenous change management), and involvement of paraprofessionals in community mental health centers. The chapters dealing with volunteers address themselves to issues of relationship between nonprofessional and paraprofessional workers in the mental health services settings. Tabular data are included, and references follow each chapter. A directory of self–help groups and an index are appended.

154. Alpaugh, Patricia; and Haney, Margaret.
University of Southern California, Los Angeles. Ethel Percy Andrus Gerontology Center.
Counseling the Older Adult: A Training Manual for Paraprofessionals and Beginning Counselors.
1978, 196p
SHR-0003801 Available from Ethel Percy Andrus Gerontology Center, University of Southern California, Publications Office, University Park, Los Angeles, CA 90007.

This manual was published by the University of Southern California's Ethel Percy Andrus Gerontology Center to teach communications and counseling skills and to provide basic information regarding older adults. The lessons are geared to promoting professionals' concern with life satisfaction and the mental health needs of these citizens. These needs can be met through effective peer and professional counseling. Lessons centering on the client deal with attending to the client's feelings in terms of vocabulary, attending to both content (or message) and feelings as expressed in a client's statements, and understanding nonverbal communication. The counselor's world–view is explored through lessons focusing on the responses of various counselors to client statements and on understanding one's own responses to the client. Finally, the actual counseling process is taught through lessons involving a counseling model, setting counseling goals, exploring alternatives in decisionmaking, ending the counselor relationship, and conducting practicums in counseling. Exercises, homework, quizzes, and readings on aging are included to help counselors understand physical, psychological, and environmental issues in the elderly person's world. Appendices contain additional training materials on providing mental health services to elderly people, e.g., in cases of anxiety or depression. An examination booklet is also available.

155. Ambrosino, Salvatore.
Integrating Counseling, Family Life Education, and Family Advocacy.
1979, 7p
SHR-0004000 Pub. in Social Casework v60 n10 p579-585 Dec 79.

Improved family services by incorporating community outreach, counseling, family life education, and family advocacy in long–range planning and program development is examined. Counseling in family service agencies usually focuses on relationships that cause distress and on reality problems (such as housing and health care needs) that require referrals to other resources. Counseling is directed to problems that bind and misguide energies, while family education deals with faculties of the ego not dis-

turbed by conflict. Family life education is oriented to healthy personality factors. Although basic goals are different, there is some overlap between counseling and family life education. A family advocacy program is an agency's commitment to recognize that social workers must give the same level of attention and skills to helping clients with social problems as they do to emotional problems. Counseling, family life education, and family advocacy must be closely integrated to maximize service effectiveness. Both counseling and family life education must operate within an advocacy framework where workers are given support and guidance to help clients and groups with social problems. A viable place to integrate family services is in long-range planning, and awareness of values associated with integrating family services can be particularly helpful in designing special projects. Case handling by the Family Service Association of Nassau County, N.Y., is noted. Footnotes are provided. Earlier versions of this paper were delivered at Family Service Association of America's Central Regional Annual Meeting, Indianapolis, In., April 10, 1978 and Large Agencies Executive Conference, Minneapolis, Mn., June 29, 1978.

156. Anderson, Gary D.
Enhancing Listening Skills for Work With Abusing Parents.
1979, 7p
SHR-0003999 Pub. in Social Casework v60 n10 p602-608 Dec 79.

Successful therapeutic intervention with child-abusing parents can be accomplished by appropriate listening skills. Therapeutic listening serves several important functions with abusive parents: effective listening is a primary means of altering an abusive parent's chronic feelings of low self-worth; therapeutic listening allows abusive parents an opportunity to sort through hurts and conflicts involving both self and others; and therapists' listening skills may have a direct impact on abusive parents' ability to listen. Essential listener attributes are nonjudgmental listening, empathic listening, multiple-channel listening (facial expressions, voice intonation, and gestures), listener's state of mind, accurate listener feedback, and listener's philosophy of life. Institutional and personal impediments decrease the probability of skillful listener involvement with the abusive parent, including burnout (tendency to become overwhelmed by job demands), feeling that the therapist is not listening, and belief that feedback from the therapist is misinterpreted. It is estimated that, under the best of conditions, at least 80 percent of child abuse cases can be treated with reasonably satisfactory results. Improved listener proficiency enhances the prospects of successful case resolution. Methods of improving listener skills include increasing awareness, maximizing authenticity, improving quality of staff interaction, and diversifying life experiences. Footnotes are provided. Based on a paper presented at the Fourth Annual CHAP and Child Advocacy Management Course, Sheppard Air Force Base, Wichita Falls, Texas, October 3-5, 1978.

157. Anderson, William A.
Conflict and Congruity Between Bureaucracy and Professionalism: Alienation Outcomes Among Social Service Workers.
Dec 77, 212p
SHR-0004188 Available from University Microfilm International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

The relationship among social service workers' perceptions of bureaucracy, their professionalism, and their feelings of alienation from their work was examined. Bureaucracy and professionalism were treated as multidimensional concepts, with each dimension measurable along a continuum. A written questionnaire which included scales measuring the bureaucracy and professionalism dimensions, alienation from work, and demographic information was given to 200 direct service workers representing 20 organizations. The five bureaucracy

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dimensions used in the analysis were hierarchy of authority, division of labor, formalization, impersonality, and technical competence. The five professionalism dimensions were use of professional organization, belief in public service, sense of calling to the field, belief in autonomy, and level of education. The analysis primarily emphasized the hypothesis that the relationship between bureaucracy and alienation from work is a function of the professionalism of the workers. Data for workers with a high belief in professional autonomy yielded stronger correlations between bureaucracy and alienation from work than did data for workers with low belief in autonomy. Workers with high belief in public service, however, did not differ consistently from workers with low belief in public service, in terms of the relationship between bureaucracy and alienation from work. Findings generally suggest that the pattern of relationships among bureaucracy, professionalism, and alienation from work may be a function of several factors not included in the study. Appendices provide samples of study materials. Tabular data, footnotes, and references are included. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, Florida State University, School of Social Work.

158. Associated Educational Consultants, Inc., Pittsburgh, PA.
Physical Accessibility of Public Supported Vocational Schools for Handicapped Students.
1978, 68p
SHR-0004020 Available from Dr. Clarence Dittenhafer, 333 Market St., Harrisburg, PA 17126.

This project was conducted to identify the costs and extent of structural changes that needed to be made to existing buildings in order to make vocational programs accessible to handicapped persons in Pennsylvania. The investigative process included a literature review pertaining to the Rehabilitation Act of 1973 and the All Handicapped Children Act, interviews with handicapped persons and agencies concerned with the handicapped, and onsite visits to 78 area vocational technical schools and other institutions such as high schools and community colleges. Only those facilities specifically devoted to vocational training were rated, and individual reports were made for each campus. Results of these building evaluations indicated that none of the buildings was in full compliance with the provisions of Section 504 of the Rehabilitation Act of 1973. The estimated costs for structural modifications in the 78 vocational technical schools would range from $1,050 to $1,200,000. The total estimated cost was approximately $2,562,921. Modifying facilities in community colleges offering vocational programs was estimated at $499,468. Data for 16 schools with vocational programs in Pittsburgh were evaluated separately because these institutions also offer academic programs. Tabular data are included; the accessibility checklist, correspondence, and lists of standards are appended. Available free in microfiche.

159. Atchley, Robert C.; and Byerts, Thomas O.
Gerontological Society, Washington, DC.
Rural Environments and Aging.
1975, 265p Executive Summary available from PROJECT SHARE.
SHR-0002683 Available NTIS PC $15.00/MF $3.50

This volume presents the proceedings of a 1975 Gerontological Society conference held in Lexington, Ky., on the characteristics, lifestyles, and environments of elderly persons living in rural areas. Research needs, program responses, and key demographic definitional problems were explored. Topics included: (1) the definition and description of the rural aged; (2) comparison of the rural and nonrural elderly; (3) culture, lifestyle, and social environments of the small town; (4) housing, community facilities, and social services; (5) nutrition and health care; (6) transportation; and (7) comments by an

architectural researcher and an economist. Conference papers showed that no single definition of the rural elderly fits all purposes. Conference participants evaluated types of environmental information that might be of potential value in predicting the behavior of the rural elderly population. Physical environment was distinguished from perceived environment. It was concluded that environmental variables should be measured to determine their relationship to other personal dimensions, particularly indicators of social and personal well-being. Tables and chapter reference lists are included. Proceedings from a conference held at the Univ. of Kentucky, Lexington, Ky., March 1975.

160. Austin, Michael J.; and Kosberg, Jordan I.
Social Work Consultation to Nursing Homes: A Study.
1977, 17p
SHR-0004173 Pub. in Health and Social Work v3 n1 p60-78 Feb 78.

This study of 39 social work consultants to nursing homes discusses their experiences when retained by nursing home administrators after the Federal government removed this Congressional requirement. Consultants were identified from lists provided by the departments of public health in the Southeastern region of the United States. Questionnaires were sent to 91 consultants; 39 completed the questionnaire. In addition, the study attempted to examine the knowledge, attitudes, and skills of the consultants by further questions. Data were not collected on casework activities. Of the total number of consultants responding, 32 were women, 38 were white, most held advanced degrees, and the graduate specialization of 30 was casework. Seventy-six percent had at least seven years experience with institutionalized aged. Each spent about six hours a month consulting. Analysis of answers to the questionnaire showed that, although the respondents indicated that they primarily used case consultation in their work, they had a preference for program and process consultation. Respondents were also presented with six situations and asked to rank them in order of priority according to the perceived importance of either orientation, task, or therapy groups. Therapy groups were rated as the most important (although the consultants performed this type of group work least), followed by orientation and task groups. Knowledge of old age and aging were not found to be positively related to chronological age, years of education, or years of work with aged clients. Moreover, none of the demographic variables when correlated with attitude scores were statistically significant. Although respondents' attitudes toward the aged were generally more positive than negative, it was not clear how these attitudes were translated into action. Since most of the consultants were employed for only about six hours a month, the study questions the number of residents that could be assisted by such a short consultant relationship. Although further evidence is needed, it seems possible that course and field experiences overemphasize case consultation to the exclusion of process and program consultation. Further research is necessary. Notes and references are given. An earlier version of this article was delivered at the Annual Program Meeting, Council on Social Work Education, February 28, 1977, in Phoenix, Az.

161. Baily, Walter Hampton.
Comparison of Performance Levels Between BSW and BA Social Workers.
1978, 147p
SHR-0004090 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

Findings and implications are reported from a study comparing the performance levels of social workers with Bachelor of Arts degrees (BAs) and those with Bachelor of Social Work degrees (BSWs). A performance level study was conducted with 57 undifferentiated BAs who work in five New England States and 52 BSWs employed in 11 States. Staff performance was eva-

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luated by 75 supervisors using the John Hodgin 100–item schedule. Attitudes toward social welfare employment, undergraduate education, and other facets of social work employment were obtained through a Jean–Pierre Duplantie instrument used and modified in a 1974 study. When five components of practice were examined—agency, clients, discipline, groups, and theory—the work performance of BSWs is superior to that of BAs. BSW staff were significantly more favorable in their assessments of the utility of their undergraduate education for the requirements of their current jobs. Although there were some variations, BAs and BSWs were similarly satisfied with their employment in the social services. These findings suggest that State personnel departments should consider that the BSW graduate be a better choice than a BA applicant, even though the BSW may be younger and less experienced. The findings also offer significant, albeit limited, evidence that the current policy decisions by numerous States to declassify human service positions are a step backward in the provision of quality services. Tabular data, footnotes, references, and samples of the instruments used are provided. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Work in the National Catholic School of Social Service of the Catholic University of America.

162. Baker, Arthur Everette.
Linkages: An Investigation of Welfare-Client Primary-Type Groups and IM Organizations.
1979, 272p
SHR-0004091 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

Linkages between welfare clients and bureaucratic organizations serving them are examined at two income–maintenance (IM) centers of the Social Services Department in New York City with the balance theory of coordination as the interpretive vehicle. The balance theory of coordination asserts that a variety of organizational structures exist, each suitable for handling different problems. From June 1973 to July 1976, about 250 welfare clients and IM staff members were interviewed to determine the patterns of interaction or linkages between the two groups. Analysis included direct and indirect observation, informal interviews, document analysis, and self–analysis. The study revealed three welfare client primary groups—a large, informal group whose members shared a common sense of identity in a noninstrumental way (ethnic, religious, or class groups) and two groups composed of blacks and Hispanics, respectively, characterized by more face–to–face contact and intimacy than the larger group and with a broader sense of identity. The IM bureaucracies used linkage coordinating devices that required initiative by the welfare clients in order to gain services. The wider the scope of the linkage devices and the higher into management levels of the bureaucracy they penetrated, the more likely they were to be successful. The bureaucracies tended to develop uniform tasks that simplified decisionmaking, while the primary groups tended to influence the bureaucracy toward nonuniform decisionmaking based on individual client needs. Further investigation of different types of coordinating efforts between primary type groups and bureaucracies is recommended. The appendices contain an observer's checklist and a detailed discussion of the coordination between the IM bureaucracy and the welfare primary group. A bibliography is provided. (Author abstract modified). Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare in the School of Social Work, Columbia University.

163. Baker, Michael.
Organization for Services in the Public Interest, Inc., Newton Centre, MA.
Family Well-Being and the Role of Social Services in an Urban Neighborhood.
Jun 79, 215p
SHR-0003908 Available from Organization for Services in the Public Inter-

est, Inc., 21 Elmore St., Newton Centre, MA 02159.

An 18–month study of human service policy issues was conducted to evaluate family life and social services in a low–income urban neighborhood. The sample was drawn from a neighborhood in Boston, Mass., and was fairly representative of low–income urban residents served by Title XX and Title IV–B programs under the Social Security Act. Data were primarily obtained from interviews with 153 principal family members in a random sample of households. A nonrandom subsample was drawn from the original respondent group, and 23 additional followup interviews were conducted. Information was sought about the status of the family in America, the proper role of government in efforts to improve family well–being, family events (normal and crisis), participation in social services, support patterns, and family types (nuclear, single–parent, and elderly). Overall, study findings showed that particular concerns about the family and relationships between social services and families were not manifested by family members or human service agencies. Household respondents expressed satisfaction with the service network. Families and agencies agreed that the most critical problems are beyond the scope of community social service agencies to address directly. Income was the most pressing issue. Family members tended to view agencies as specialized support sources that form part of the total resource network used to meet personal and family needs. Agencies frequently spoke of inflexibility associated with social service delivery due to eligibility restrictions and other regulations. Family members perceived these restrictions, but seemed to accept them as an inevitable feature of public services. Most resentment seemed to center around entitlement programs, such as food stamps, housing subsidies, and Medicaid. Family well–being, the supportive nature of human services, and policy directions are discussed. Tables, a map, a figure, a list of respondent agencies, and footnotes are provided. A bibliography, documented definitions of the family, and a description of study methods are appended.

164. Balzano, Michael P.
American Enterprise Inst. for Public Policy Research, Washington, DC.
Federalizing Meals-on-Wheels: Private Sector Loss or Gain.
1979, 41p
SHR-0004125 Available from American Enterprise Inst. for Public Policy Research, 1150 17th St., NW, Washington, DC.

The impact on private voluntary organizations of creating a Federal meals–on–wheels program is examined in order to explore the public policy implications of the Berger–Neuhaus mediating structures thesis. The Berger–Neuhaus thesis states that one way to resolve the current crisis in government credibility and to reestablish public confidence is to recognize, strengthen, and use mediating structures in the selection, formulation, and execution of public policy. These structures would include the family, the neighborhood, church, ethnic and racial subgroups, and voluntary organizations. Berger and Neuhaus further argue that government programs should make maximum use of existing private sector social groups and organizations in the delivery of services in order to achieve the greatest impact of government–sponsored social services. At minimum, however, government should not undermine, erode, or destroy mediating structures. The Federal meals–on–wheels could do just this to small voluntary programs providing meals for the homebound, if regulations implementing the program are not carefully written so as to foster and protect private activity. The current rulemaking process should permit maximum flexibility at the local level in setting standards for program operation. Future alternatives include monetary incentives such as tax deductions and tax credits to increase private–sector contributions. Private–sector approaches can have greater local impact, reduce Federal bureaucracy, save

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money, and improve government credibility and, thus, should be nurtured. A table and footnotes are included. American Enterprise Institute Special Analysis No. 79-1.

165. Bednarski, Mary W.; and Florczyk, Sandra E.
Policy Studies Associates, Croton-on-Hudson, NY.
Nursing Home Care as a Public Policy Issue.
1978, 60p
SHR-0004177 Available from Policy Studies Associates, P.O. Box 337, Croton-on-Hudson, NY 10520.

A learning package is presented which introduces students to the social, economic, and political factors shaping the quality and costs of nursing home care in the United States. The intent of the course is to enable students to apply a policy analysis framework to the nursing home care industry and collect information on the legal and administrative procedures affecting the nursing home care industry and the operation of a particular nursing home. Additionally, strategies are suggested for the improvement of a given nursing home and the legislation affecting the nursing homes in a particular State. The operation of Federal, State, and local laws, as well as administrative procedures affecting the operation of nursing homes, are described. Government operation of nursing homes is discussed as an alternative for remedying current mismanagement and abuses, and an alternative to institutional placement that will provide services for the elderly in their homes when comprehensive institutional care is not required is considered. An exercise in evaluating public policy proposals is included. No additional materials are required for the course, which takes one to three weeks for completion. The appendices contain a glossary and a sample questionnaire for evaluating a particular nursing home's operations. A bibliography is provided. (Author abstract modified). Learning Packages in Policy Issues: PI-4.

166. Berg, Lawrence K.; Cohen, Stephen Z.; and Reid, William J.
National Inst. of Mental Health, Rockville, MD.
Knowledge for Social Work Roles in Community Mental Health: Findings of Empirical Research.
1978, 8p
SHR-0004045 Pub. in Jnl. of Education for Social Work v14 n2 p16-23 Spring 1978.

Results are reported from a study that examined the knowledge needed for social work practice in community mental health, along with the primary source for this knowledge. Three organizations serving the Chicago area and one in New York City encompassed the 19 separate facilities in the study sample. These facilities provided the names of 177 social workers with and without a master's degree in social work. Self-administered questionnaires were sent to the sample; 70 percent were returned. A total of 26 knowledge areas were presented on the questionnaire. Respondents were asked to rate the degree of importance of each area for their current jobs. For each knowledge category, responses of those with a master's degree in social work who worked for agencies with a greater community mental health orientation were compared with responses of those with master's degrees who were serving in lesser community mental health settings. Results show that, in agencies involved in a community mental health approach, the worker is more likely to undertake tasks requiring skills and theoretical knowledge in community organization, consultation, urban community sociology, planning and administration, policy formulation, programming and budgeting, and the political processes of local and State governments. Courses dealing with the aforementioned knowledge areas should be made an integral part of a curriculum for clinical students interested in community mental health. In addition to graduate curriculum changes, continuing education efforts should address the educational needs of the large numbers of social workers in commu-

nity mental health agencies whose graduate education may not have fully prepared them for their current job functions. Tabular data and notes are provided.

167. Berry, Bonnie; and Davis, Ann E.
Community Mental Health Ideology: A Problematic Model for Rural Areas.
Sep 77, 7p
SHR-0004047 Pub. in American Jnl. of Orthopsychiatry v48 n4 p673-679 Oct 78.

Suggestions to improve the mental health status of rural area residents are offered. The idea behind community mental health services is that such programming will reduce stigma from mental hospitalization, help clients maintain contact with families, and facilitate the treatment and prevention of emotional problems by making services available locally. Social factors peculiar to rural areas must be taken into account in the process of service planning and development. Difficulties are twofold: the rural population lacks education about emotional disorders and psychiatric care; and urban born and trained mental health professionals are not always responsive to the rural area culture. Many rural areas contain a number of politically separate towns which compete for prestige and resources. A single community mental health center or clinic serving a number of towns has difficulty in establishing an identity as the primary resource and may automatically alienate community leaders in adjacent towns. An additional problem is presented by the contemporary psychiatric concept which asserts that family involvement is a desired aspect of care. Rural clients are more directly dependent on families than urban clients because they have fewer acceptable alternatives, lifestyles or job opportunities to allow independence; therefore, it is more difficult to encourage autonomy in a rural client with an uncooperative family. Literature on service delivery problems in rural areas highlights acceptance of care, visibility of care, authoritarianism and sexism in the rural community and family, and locating the "right" professionals. Systematic mental health education can help community members feel less threatened by change presented in service delivery and change caused by such influences as the women's movement. Efforts to involve and train local citizens in assisting mental health professionals are essential. Measures to bridge the gap between professional ideologies and rural realities are discussed. References are cited.

168. Betten, Neil; and Austin, Michael.
Organizing for Neighborhood Health Care: An Historical Reflection.
1977, 9p
SHR-0004144 Pub. in Social Work in Health Care v2 n3 p341-349 Spring 1977.

This review covers accomplishments of the social unit experiment in Cincinnati, Ohio, which began in 1917 and lasted through 1920. It was an early experiment in community organization to improve public health. The unit's specific goal was to promote greater self-reliance among neighborhood residents through democratic involvement in community institutions. Two communitywide councils consisting of elected representatives were established. The occupational council included such groups as teachers, physicians, and social workers. The citizen council involved neighborhood residents. Block workers, almost always housewives, served as paraprofessional outreach workers who were involved in specific public health problems. Block workers became the unit's nerve center. They conducted social surveys to update information on area health needs, and attended inservice training classes provided by physicians, social workers, and nurses on health care problems so they could serve as educators and interpreters to clients. Through the citizen council, block workers provided unit direction and determined priorities for communitywide problemsolving. The unit achieved its most significant success in preven-

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tive medicine and public health. Although opposition to the unit occurred when recognition of the unit's medical service potential brought hostility from the medical profession, resident acceptance of the unit was high. Despite the entrepreneurial interests of free–enterprise medicine which threaten the democratic instincts of self–help groups and deny them access to vital consumer information (an epidemic situation even in the 1970's), this unit's experience demonstrates the viability of neighborhood health centers and consumer involvement in health care. References are provided.

169. Binstock, Robert H.
Federal Policy Toward the Aging: Its Inadequacies and Its Politics.
1978, 8p
SHR-0004085 Pub. in National Jnl. v10 n45 p1838-1845 Nov 78.

Although significant help is provided to older Americans through Federal programs, many important problems remain. Congress has enacted programs that imply responsibilities to the aging for adequate income maintenance; health care; nutritional, supportive and leisure services; housing; transportation; protection against crime; legal services; home repair; tax rebates; help in getting jobs; protection against discrimination in employment; and other matters. However, problems remain relating to income security and sufficient income, the improvement of health problems of the aging, and availability of social services and facilities. Meager funding for legislative programs, lack of priorities, and cumbersome mechanisms for program implementation result in only small numbers of elderly people receiving the help they really need. The U.S. spends $112 billion on the elderly, yet 5.5 million persons, a quarter of the elderly population, are in severe financial distress. Federal public policies are not designed as interventions to solve social problems, but rather are enacted and implemented to solve the problems of public officials. However, the economic difficulties of the aging can be alleviated by reforming the distribution of income through the social security program and by changing its projected costs. Such reforms would include the provision of incentives to persons who postpone their retirement beyond age 65, taxing the social security benefits of wealthy retirees, and changing, for low–income workers, the ratio between contributions they have made to the social security system and the benefits they receive from it. Other proposals for changing food stamp policies and supplemental security income should also be considered. Whether these opportunities for change are exploited will depend on the willingness of political leaders to transcend the conventional style of conducting U.S. public policy.

170. Birenbaum, Arnold; and Re, Mary Ann. Office of Child Development, Washington, DC.
Resettling Mentally Retarded Adults in the Community: Almost Four Years Later.
1979, 7p
SHR-0004143 Pub. in American Jnl. of Mental Deficiency v83 n4 p323-329 1979.

A cohort of 63 mentally retarded adults was studied longitudinally for almost four years following their resettlement in an urban community residence to assess the impact of the setting on behavior, attitudes, and social relationships. Men and women living in the group home called Gatewood were chosen from volunteers in three State institutions. Most were young adults from various ethnic backgrounds who had a mean IQ of 50.8 and were able to care for themselves physically. Respondents were interviewed three times during two and a half years; these results were compared with findings from a fourth interview conducted with the 42 remaining residents 40 to 44 months after resettlement. The interviews were based on 52 questions and averaged 30 minutes in length. Analyses of the first three interviews indicated that Gatewood residents liked their living arrange-

ments and wanted to acquire more independence. They still depended on staff members for many services, particularly in traveling beyond the neighborhood. In the fourth interview, respondents still favored community living but expressed greater dissatisfaction with living conditions. More wanted to live on their own, the leading choice being an apartment shared with roommates. Residents were still involved in sheltered workshops and maintained relationships with their peers, but participation in leisure activities in the community dropped sharply. These findings suggest that life in the residence had assumed a passive routine and no longer promoted self–reliance. Lack of money and fear of traveling at night also limited outings. Tables and references are provided.

171. Biro, Leona.
Home Health Agencies: Federal and State Requirements for Nutrition Intervention.
1978, 5p
SHR-0004048 Pub. in Jnl. of the American Dietetic Association v73 n5 p536-540 Nov 78.

The home health care concept is examined, and the status of Federal and State regulations on the nutrition component of home health agencies is evaluated. Prior to 1965, home health care was primarily limited to home nursing services provided under the voluntary auspices of visiting nurse associations or under Government auspices when direct nursing services were a family responsibility. Since 1968, Federal regulations govern the operation of home health agencies participating in Medicare and define three types of home health agencies: public agencies operated by State or local governments; nonprofit agencies exempt from Federal income taxation; and proprietary agencies (profitmaking). A home health agency must provide at least two services: skilled nursing and some type of therapeutic service (physical, occupational, or speech therapy; medical social services; or home health aide services). To assess the status of State licensing requirements for home health agencies, questionnaires were sent to nutritionists in State health departments and to nutritionists in the District of Columbia and Puerto Rico. Responses were received from 45 individuals or 90 percent. Seventeen States had regulations for home health agencies, while 21 States had no regulations. New York, California, and New Jersey had developed specific requirements for nutrition services. It is concluded that Federal conditions of participation in Medicare address nutrition but do not directly relate it to requirements for dietitian services. Until Federal and State regulations more clearly define the role of a nutritionist, the quality of patient care will depend on those professionals assessing the patient's needs. Federal and State regulations on home health agencies are compared in a table, with special reference to nutrition. References are given.

172. Bitter, James A.
Introduction to Rehabilitation.
1979, 271p
SHR-0003970 Available from C.V. Mosby Company, 11830 Westline Industrial Dr., St. Louis, MO 63141.

This textbook for undergraduate and graduate students in rehabilitation counseling presents an overview of rehabilitation in the United States, with a vocational emphasis. The material is also applicable to cases where the goal is not employability, but independent living. Beginning with a discussion of the philosophy and objectives of rehabilitation, the text traces the historical development of public and private programs and provides a general description of the sequential rehabilitation process. Client characteristics are examined in terms of the etiology of disabilities which are recognized as potentially severe by the Rehabilitation Act of 1973. Also considered are the psychological and vocational adjustment problems that disabled individuals confront, along with samples of vocational adjustment programs. The section on rehabilitation methods includes casework

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methods, vocational evaluation techniques, counseling approaches, job placement techniques, and community resources. A special feature is a description of the U.S. Employment Service's Dictionary of Occupational Titles. Each chapter concludes with a summary followed by footnotes, review questions, references, and audiovisual resources. The appendices list special rehabilitation centers, educational institutions with federally supported rehabilitation programs, and a glossary of rehabilitation acronyms. An index is provided.

173. Bolton, Brian; and Jaques, Marceline E.
Rehabilitation Client.
1979, 237p
SHR-0004166 Available from University Park Press, 233 E. Redwood St., Baltimore, MD 21202.

Designed to provide a comprehensive introduction to the rehabilitation counseling process, this volume emphasizes the rehabilitation client. The 28 articles in the book are organized into five sections that parallel standard divisions in rehabilitation counseling courses: social–cultural aspects of disability; attitudes toward disability; adjustment to disability; the family; and professional issues. The selections emphasize the relationship of the rehabilitation counselor's work to these topical areas. More than half of the selections describe empirical investigations into some aspect of the rehabilitation client's adjustment, while the remaining articles include clinical / theoretical presentations, literature reviews, and demonstration programs. Tables, references, and author and subject indices are provided. (Author abstract modified).

174. Borus, Jonathan F.
Harvard Medical School, Boston, MA.
Issues Critical to the Survival of Community Mental Health.
1978, 7p
SHR-0004089 Pub. in American Jnl. of Psychiatry v135 n9 p1029-1035 Sep 78.

Critical issues and problems facing community mental health (CMH) are examined to help psychiatrists understand such issues during the current period of reassessment and planning for future mental health services. CMH currently faces a crisis in development due to recent funding cuts and increased political and scientific criticism. The current U.S. President is personally interested, however, in mental health. He has appointed a commission to recommend future directions in mental health service delivery. Major issues include the need to clarify boundaries and priorities, the care of chronically ill deinstitutionalized patients, the provision of differentiated care, collaboration with the community, the psychiatrist's role in CMH, manpower maintenance, the need for evaluation research, and funding. Psychiatry's response to these issues will help determine the resolution of the current crisis and CMH's future viability and direction. Either growth and further development or regression into a decentralized type of custodial care could result. An extensive reference list is provided.

175. Boyan, Craig.
Clausen House, Oakland, CA.
Satellite System: A Model for Deinstitutionalization.
Jun 78, 14p
SHR-0004122 Available from Eric Document Reproduction Service, PO Box 190, Arlington, VA 22210 as ED 157 353.

A California community–based satellite system is presented as a program model to deinstitutionalize mentally retarded young adults in urban centers worldwide. The system has been developed over the past 10 years by a nonprofit service provider, Clausen House, near San Francisco, Calif. The system consists of a large central educational facility surrounded by a series of small houses and apartment units. Each of the five small homes house 6 to 11 residents; the apartment complex houses 15 additional clients. The system serves a total of 80 clients. System benefits include: (1) small, family style

houses with a concentration of qualified support staff; (2) easy development of graduated continua of instruction between various satellite facilities; (3) the opportunity to teach basic skills in environments where they are normally learned; and (4) the avoidance of new construction costs. The system has potential benefits both for vocational training programs and for secondary programs for young adults with special needs. The satellite system thus provides a homelike educational environment which avoids the depersonalization of a large institution, yet allows services and social contacts not always possible in a small and potentially isolated group home. With adaptations, this model is applicable throughout the world in urban environments and possibly in rural environments. A footnote and a reference list are included. Presented at the Council for Exceptional Children First World Congress on Future Special Education, Stirling, Scotland, June-July, 1978.

176. Burgess, Ann Wolbert; and Holmstrom, Lynda Lytle.
Adaptive Strategies and Recovery From Rape.
1978, 5p
SHR-0004153 Pub. in American Jnl. of Psychiatry v136 n10 p1278-1282 Oct 79.

A followup study of 81 rape victims was conducted to analyze the effect of adaptive or maladaptive responses to rape on recovery over a 4-year to 6-year period. The study population had all been seen during a counseling-research project based in the Boston City Hospital (Massachusetts) in 1972 and 1973. The group was heterogeneous with respect to ethnicity, race, religion, social class, employment, education, marital status, and age. Data were collected using a standard schedule of questions that were flexible and open-ended. Victims were divided into three groups: those who felt recovered within months (37 percent), those who felt it took years to recover (37 percent), and those who did not feel recovered at the time of followup (26 percent). Results indicated that victims recovering faster used more adaptive strategies, including positive self-assessment; defense mechanisms of explanation, minimization, suppression, and dramatization; and increased action such as travel, change of residence or telephone number, or becoming active in a rape crisis center. Victims who had not yet recovered had more maladaptive mechanisms, such as negative self-assessments, inaction, substance abuse, and acting on suicidal thoughts. Recovery was most obvious in resumption of social task functions. In addition, victims with partnership stability had a faster recovery than victims without partnership stability. The majority of victims who were sexually active at the time of the rape reported disruption in sexual functioning within 6 months after the rape. It is concluded that both conscious defense mechanisms and increased actions help neutralize the anxiety caused by the rape. Tables and references are provided.

177. Burnett, Sandra E.; and Yerxa, Elizabeth J.
Community-Based and College-Based Needs Assessment of Physically Disabled Persons. (Community, College, Physical Disability, Needs, Schools).
1979, 7p
SHR-0004220 Pub. in the American Jnl. of Occupational Therapy v34 n3 p201-207 Mar 80.

A descriptive survey was conducted to determine the self-perceived needs of physically disabled persons. This survey was a preliminary step toward establishing or designing a knowledge base for occupational therapy intervention at a community college. Disabled respondents numbered 190; 36 nondisabled student volunteers represented the comparison sample. The disabled group reported less confidence in performing the following skills: cognitive and problemsolving, social and recreational, school and vocational, home, and community mobility. Confidence in performing basic activities of daily

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living was the only area in which the difference between nondisabled and disabled respondents was not significant. A higher frequency of disabled reported not wanting to participate in sports; the greatest interest was in crafts, fine arts, and social and recreational activities. Occupational therapy programming was seen as improving confidence in independent living skills by using the subjects' predominant interests. Tabular data and references are provided. (Author abstract modified). Presented at the Annual Conference of the American Occupational Therapy Association, Detroit, Mi., 1979.

178. Carrigan, Zoe Henderson.
Veterans Administration, Washington, DC.
Social Workers in Medical Settings: Who Defines Us.
1977, 15p
SHR-0004148 Pub. in Social Work in Health Care v4 n2 p149-163 Winter 1978.

To define social work tasks and functions in medical settings, personnel from two Veterans Administration general medical–surgical hospitals were surveyed for their perceptions of both actual social work practice and expected practice. Other study goals were to show areas where perceptual differences persist among professional disciplines and to show how tasks and functions can be specified through scientific methods. The study population of 180 persons included 65 physicians, 40 nurses, 42 social workers, 20 psychologists and 13 psychiatrists. The standardized research instrument used was based on social work literature, Veterans Administration guidelines, and interviews with medical social workers. The questionnaire included two scales of 100 items measuring perceptions of actual work performance and prescribed work performance. Significant differences were found between perceptions of professional groups for actual work performance for the functions of professional liaison, counseling, community mediation, and professional orientation. In expected performance, statistically significant differences existed between professional groups regarding the functions of technical mediation, professional liaison, counseling, and professional orientation. Different professional groups had different perceptions. For all social work functions, however, expectations of other professional groups for social workers were higher than their perceptions of actual work performance. Social workers were in major agreement on most of the functions. Findings strongly suggest that professional background is the major determinant of perceptions of social work practice. Therefore, social workers must improve communication with both physicians and nurses, who define their functions in medical settings. Findings also suggest that social workers must reach hospital administrators and policymakers, that different approaches are required depending on the function involved, and that a standardized instrument can produce clear and specific identification of social work tasks. Tables, references, and an appendix listing social workers' perceived roles in a hospital setting are included. A version of this paper was presented at the 1977 Annual Meeting of the American Public Health Association, Washington, DC.

179. Cary, Jane Randolph.
How to Create Interiors for the Disabled. A Guidebook for Family and Friends.
1978, 127p
SHR-0004017 Available from Pantheon Books, Random House, Inc., Westminster, MD 21157.

Techniques and equipment for creating home interiors which are accessible and usable by physically handicapped people are presented in this illustrated guidebook designed for use by the handicapped, their families, and their friends. Emphasis is on materials and equipment which produce a homelike appearance rather than an institutional appearance. Family

members are urged to learn the nature of the handicapped person's limitations and potential from a treatment center's rehabilitation team. Specific elements considered include ramps, doors, doorways, windows, power, light, communications, storage areas, furniture, room arrangements, bathrooms, bathroom fixtures, and kitchens. Specific suggestions, dimensions, and illustrations are given for each area. Additional guidelines relate to new construction, mainstreaming, mobility problems in public areas, designs for independent living, and ways to get physical and emotional help in caring for a handicapped person. Issues raised by U.S. society's attitudes toward the handicapped are also discussed. An index and sources of information on products described are provided.

180. Caulfield, Barbara A.
Oregon Univ., Eugene. Law School.
Legal Aspects of Protective Services for Abused and Neglected Children. A Manual.
1978, 121p
SHR-0004323 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-091-00218-5.

This manual on legal aspects of protective services for abused and neglected children is designed for use by social workers in protective service agencies, especially State and local welfare departments. The goal of the manual is to provide understanding of the law giving the agency responsibility for providing these services, of parents' rights and children's rights, of due process of law, and of the jurisdiction and role of the court. The manual's first section covers investigation and diagnosis of child abuse and neglect, including working definitions, workers' legal liabilities, emergency pickups, criminal and civil procedures, and family privacy. The section on evaluation, in order to decide whether to go to court, covers preliminary considerations, general guidelines, safety of the home, and the social worker / client relationship. Following an overview of court procedure, aspects of trials discussed include adjudication and dispositional stages in court, witnesses, being a good witness, evidence, and the hearsay rule and exceptions to it. Other sections cover the rights of parents and children, glossary of legal terms, directions for reading legal citations, and the interstate question. The manual concludes with a presentation of more advanced legal concepts related to investigation, family privacy, discovery, and evidence. Figures, tables, reference lists, suggested additional reading lists, and an index are provided.

181. Chisnall, Peter M.
Contribution of Marketing Research to Health and Welfare Programs.
1979, 12p
SHR-0003946 Pub. in Administration in Social Work v3 n3 p337-348 Fall 1979.

This review of the literature shows how marketing research can be a useful tool in planning, delivering, and administering public social and health services. Social researchers must be able to argue the case for objective research based on well-defined and operational objectives. Conflict between professional planners and social researchers is to be expected, particularly if the active or instrumentalist role of social research forces planners to think about the nature of problems confronting them. However, survey data can aid commissions of inquiry, noncontentious policymaking, and research in support of policy. While the influence of survey research on the formulation of broad government policies is limited and variable, it is viewed as still significant and growing. One development proposal was found to provide information for future planning, reinforce intuitive perceptions, refute certain elements of conventional wisdom, cause new issues to be placed on an organization's decisionmaking agenda, and provide data for internal and external policy debates on issues of known importance. Surveys should

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not deteriorate into bookkeeping which presents statistical reports of very little use for determining policy. References are cited.

182. Clark, Frank W.; and Arkava, Morton L.
Pursuit of Competence in Social Work.
1979, 326p
SHR-0004165 Available from Jossey-Bass Publishers, 433 California St., San Francisco, CA 94104.

Suggestions identify how the competencies required for social work practice in various settings can be developed. New aproaches to the evaluation and improvement of the interviewing, counseling, and administrative skills needed in social work are explained, and promising new programs for training future social workers are reported. Following a survey of the origins of the social work profession, current models of social work practice are reviewed and the influences of new methodologies for social diagnosis and intervention are described. A discussion of improving practitioner performance encompasses a broad range of viewpoints concerning the critical variables defining social work competence. Consideration of assessment issues includes a single-system design model of practice evaluation and a critique of the construct of "competence". With regard to linking field performance and curriculum design, methodologies are analyzed that could make training in professional fields responsive to actual field practice. In addition, generalist and specialist skills required for various jobs in the social work field are examined. The final section emphasizes that contexts such as culture, political dynamics, and economics play a part in defining social work competence. References, and name and subject indices are included. Contents of this volume were developed for discussion and review at the first Big Sky Summer Symposium, which was held at Big Sky, Montana, in August 1977. The Jossey-Bass Social and Behavioral Science Series.

183. Cohen, Carl I.; and Sokolovsky, Jay.
New York Univ. Medical Center.
Clinical Use of Network Analysis for Psychiatric and Aged Populations.
1979, 11p
SHR-0004011 Pub. in Community Mental Health Jnl. v15 n3 Fall 1979.

Results from the study of social networks of ex-mental patients and the elderly living in one-room hotel and tenement accommodations in an inner city show the importance of such network analysis for casework with these clients. Too frequently, casework has focused exclusively upon direct agency interaction with the client to meet identified needs. This approach ignores potentially aggravating or therapeutic aspects of the social network with which the client interacts. By gaining data about the social network of a client, guidance may be provided to the client and actors within the client's social network that will lead to more therapeutic social interactions for the client. When no person is available within the client's network to furnish support, contact may be initiated with individuals identified as indigenous service providers. Persons not in direct contact with the client, but who are linked to members of the client's network, can also be used. The tolerance level of the network should also be determined, as some network structures may be able to absorb more stress and offer more services than others. It should also be determined whether any formal agency services may interfere with existing services supplied by the client's informal support system. Case illustrations of how network analysis can be used to help a client are provided. A chart and references are provided.

184. Coleman, Sandra B.
George Washington Univ. Medical Center, Washington, DC. Center for Family Research.
Sib Group Therapy: A Prevention Program for Siblings from Drug-Addicted Families.

1978, 13p
SHR-0004065 Pub. in International Jnl. of Addictions v13 n1 p115-127 1978.

Weekly group therapy sessions were implemented at a suburban therapeutic drug community in Bucks County, Pa., to prevent drug abuse among younger siblings of addicted adolescents. The idea for the program came from a family therapy program which revealed that intergenerational addictive patterns might impose a high risk of similar behavior among latency age children. The population served was middle class, caucasian, largely well–educated, and affluent. Admission to the sibling group was limited to preadolescent and early adolescent children whose older siblings had been involved in abuse of substances varying from alcohol or marijuana to tranquilizers, barbituates, and narcotics. In addition to drug abuse prevention, the program aimed to facilitate open communication among the 15–20 male and female members. The group's first nine months were marked by extreme acting–out behavior, including physical abuse of other group members. After the addition of recreational therapy, removal of one group member, and other modifications, the observable behavior changed. Results after 18 months indicated that although the severe group acting–out behavior had decreased, underlying psychodynamics appeared unchanged. Some evidence of experimentation with alcohol had emerged. Final conclusions about the program's success are currently impossible. Nevertheless, the tenacity of the group's existence suggests that the program will ultimately succeed. Results also suggest that sibling groups have as much potential as community–based programs in schools, churches, and other local institutions. By using personnel already employed and charging small fees, such programs could avoid the cost of hiring an outside therapist. A reference list is included.

185. Comptroller General of the United States, Washington, DC.
Are Neighborhood Health Centers Providing Services Efficiently and to the Most Needy.
20 Jun 78, 45p
SHR-0004061 Available from General Accounting Office, Distribution Section,, Room 1518, 441 G St., NW, Washington, DC 20548.

This General Accounting Office Report reviews the activities of six HEW Neighborhood Health Centers to determine if services are provided efficiently and to the most needy clients. HEW productivity criteria and management initiatives were considered and the support staff size of health center clinics evaluated, along with the need for certain supporting services such as transportation and social services. In addition, centers' efforts to provide preventive health care and patient responsiveness to such services were investigated. Five basic situations in need of improvements were found. First, center overstaffing cost more than $1 million annually because staffs had not been reduced to levels consistent with demand. Second, demand for health services was not likely to increase and could decline from present levels. Third, HEW had not made sure that centers served residents of medically underserved areas. Fourth, HEW no longer required centers to become financially self–sufficient, although they emphasized that centers must obtain as much revenue as possible from non–Federal sources. This attitude may have had an adverse impact on the main objective—that of serving the medically underserved, since centers were trying to attract patients who have the means to pay. Fifth, patient responsiveness, the key ingredient for success of preventive health care services, was lacking, and most patients used the clinics only for curative needs. Recommendations for improvement are made in each of the above areas where shortcomings were found. Tabular data are included. Appendices contain the text of the HEW response to this report. Report to the Congress.

186.

186. Cook, Fay Lomax.
Administration on Aging, Washington, DC.
Disabled and the Poor Elderly: Preferred Groups for Public Support.
1979, 10p
SHR-0004079 Pub. in Gerontologist v19 n4 p344-353 Aug 79.

The universe sampled was the noninstitutionalized population of Chicago, Ill., 21 years of age and older. This study evaluated public preferences for supporting certain groups, e.g., the disabled and the elderly poor. Three research questions were asked: (1) what groups does the public prefer to help when there is a funding choice—the physically disabled elderly people, poor elderly people, disabled adults under 65 years, disabled children, poor children, or victims of natural disasters; (2) what is the public preference in terms of support services such as transportation, education, nutrition, income guarantees, and general services in relation to welfare groups; and (3) what demographic variables are related to support preferences when respondents are grouped by age, race, income, sex, education, and occupational prestige. Interviews were conducted from January 20 to June 14, 1976. Responses were standardized to support questions and summed to form a general support index. Results showed that welfare groups received support according to the following order of importance: (1) disabled elderly; (2) disabled adults under 65 years; (3) disabled children; (4) poor elderly; (5) poor children; (6) poor adults under 65 years; and (7) disaster victims. The elderly received priority for nutrition and income programs, the disabled for transportation programs, and adults under 65 years for education programs. Few differences in support existed among sex and age groups. In general, blacks, low-income people, people with less than a high school education, and people with low prestige occupations gave more support. Findings demonstrate that the general public does not have a global attitude about support; rather, the public makes discernments according to group needs and the nature of services under consideration. Supporting data and references are included.

187. Cook, Paul F.; Dahl, Peter R.; and Gale, Margaret Ann.
American Institutes for Research, Palo Alto, CA.
Vocational Opportunities. Vocational Training and Placement of the Severely Handicapped.
1978, 163p
SHR-0004006 Available from Olympus Publishing Co., 1670 E. 16th St., Salt Lake City, UT 84105.

Major barriers preventing the severely handicapped from obtaining vocational training and employment are described in this handbook, as well as strategies to surmount these barriers. Jobs that severely handicapped workers currently hold in sheltered workshops and competitive employment are listed. The barriers discussed are lack of knowledge regarding consequences of hiring the disabled, low expectancy by society, low self-esteem in the handicapped, impaired ability to speak or hear, impaired ability to read or review one's written work, difficulty in using standard communications equipment, inability to use ordinary means of transportation, inability to function in a business setting because of architectural barriers, difficulty in perceiving and responding to environmental signals, difficulty in using objects in the work environment, lack of independent living skills, lack of basic education skills, lack of work adjustment abilities, and lack of vocational skill development. The strategies described for overcoming these barriers can be used by the handicapped, training and placement institutions, and other advocates for the handicapped. The handbook shows how potential jobs can be extrapolated by identifying jobs with similar worker requirements. The appendix contains a dictionary of occupational titles. A bibliography and a list of aids and devices are provided.

188. Coons, Maggie.
Association of Physical Plant Administrators of Universities and Colleges, Washington, DC.
Steps Towards Campus Accessibility.
Mar 79, 47p
SHR-0003917 Available from Association of Physical Plant Administrators of Universities and Colleges, 11 Dupont Circle, Suite 250, Washington, DC 20036.

Progress made by colleges and universities in improving campus accessibility for the handicapped is reported, and practical solutions particular campuses have applied to accessibility problems are described. Section 504 of the Rehabilitation Act of 1973, as amended, provides that no person, solely by reason of handicap, shall be denied the benefits of, excluded from participation in, or subjected to discrimination in any program or activity receiving Federal assistance. College and universities receiving Federal assistance must assure campus accessibility by eliminating discriminatory architectural barriers for the handicapped and otherwise ensuring that all educational programs are accessible. This means making architectural modifications to existing buildings, considering the needs of the handicapped in the design of new buildings, and gearing instruction and testing to the needs of the handicapped. Such instruction might include extra time for the handicapped to complete assignments and examinations, the use of tape recorders for transcribing lectures, and the use of other innovative aids in particular courses. Programs undertaken by campuses include the use of ramps and the development of accessible routes of travel, overcoming stair barriers and making entrances accessible, constructing reference points for blind students, bridging communication gaps with audiovisual presentations, providing campus accessibility guides, encouraging active participation in sports, and furnishing transportation and parking for the handicapped.

189. Copans, Stuart; Krell, Helen.; Gundy, John H.; Rogan, Janet; and Field, Frances.
Stresses of Treating Child Abuse.
78, 7p
SHR-0004084 Pub. in Children Today v8 n1 p22-27,35 Jan/Feb 79.

An experimental child abuse training program was developed at a rural medical center, the Dartmouth–Hitchcock Medical Center in Hanover, N.H., for community workers involved in the care of high–risk families, and the factors impeding the delivery of effective care were explored. The program was designed by a pediatrician, a social worker, a public health nurse, and two child psychiatrists. It included a study group which met weekly for six months to focus on feelings and conflicts aroused during the course of working with abusing or potentially abusing families. The training group involved two coleaders and 12 participants (four social workers, two case aide workers, five registered nurses, and one outreach worker). Involved agencies were three home health agencies from two States, a day care center, a community mental health center, a medical school outreach project, and a federally funded children and youth project. Training began with a one–day seminar to present basic knowledge about child abuse and continued with 1.5–hour group meetings once a week for six months. Group discussions revealed feelings and processes that frequently interfere with the effective delivery of care: anxieties about being physically harmed by angry parents and about effects of a decision; denial and inhibition of anger; need for emotional gratification from clients; lack of professional support; feelings of incompetence; denial and projection of responsibility; feeling that one is totally responsible for families assigned to a worker; difficulty in separating personal from professional responsibility; feelings of being victimized; ambivalent feelings toward clients and about one's professional role; and the need to be in control. One way of dealing with service delivery barriers is to develop a continuing support group of individuals. In rural

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areas, however, where families are far apart and workers often function alone, it is necessary to develop training methods and support for these workers. Footnotes and drawings are included.

190. Cox, James.
Southern Illinois Univ., Springfield.
Springfield (1978): St. Johns Hospice.
1978, 13p
SHR-0004156 Pub. in Death Education v2 n1-2 p83-95 1978.

The philosophy and characteristics of the St. John's Hospice for the care of the terminally ill in Springfield, Ill., are described. The hospice is being planned by St. John's Hospital, together with Southern Illinois University School of Medicine's Department of Family Practice and Medical Humanities. The hospice will emphasize quality of life by focusing on physical, social, psychological, and spiritual needs. Care will be provided in both hospice and home, with emphasis on helping patients and families help each other. The hospice unit will also be used for education of medical students, residents, and other health care professionals. The unit will have 20 to 25 beds, with two beds per room, within a larger building providing postacute skilled nursing care, physical rehabilitation, and other services. Hospice patients will be encouraged to bring their physical belongings with them, and liberal visiting will be permitted. Each patient will be served by a team of physician, nurse, and patient and family support personnel. An unlisted telephone hotline for patients and families at home will be operated continuously. With funding a major problem for hospice units, St. John's Hospice is exploring the possibilities of obtaining startup grants. The unit would be mostly or fully self-supporting when the grant money is exhausted. A reference list is provided.

191. Curtis, W. Robert.
Area Based Human Services.
1979, 69p
SHR-0004186 Available from Social Matrix Research, Inc., Box 9128, Boston, MA 02114.

The incomplete reorganization of human services delivery in Massachusetts is examined critically; the attempt to complete the reorganization through development of area based human services is described. Massachusetts created a central body, the Executive Office of Human Services (EOHS), to coordinate delivery of all the State's human services. Nevertheless, its seven major agencies continue to deliver their individual services as if the concept of overall human services didn't exist. Only lip service is given to cooperative action under the present system. Analysis of the current system's problems clearly shows the next steps to be taken. Major budget and structural reorganization will be required. Between 1975 and 1978, several Federally funded demonstration sites led to the idea of an area strategy for human services. Area strategy's main idea was that local management teams could solve the problem of service fragmentation. EOHS therefore tried to create 40 service delivery systems, one for each geographic area. These administrative initiatives identified structures needing change and suggested that flexibility and innovation might be possible in a State bureaucracy. The area strategy's five initiatives produced observations on both management and service delivery. They did not immediately affect human services organization, but suggested three alternatives to complete the reorganization: (1) abolish EOHS and replace it with three agencies providing the basic functions of health, social and rehabilitative services, and corrections; (2) create a larger super cabinet while linking service delivery and community development at the city and town level; and (3) strengthen the present structure. Simplifying the human service bureaucracy and decentralizing executive authority are common themes of all three alternatives. It is recommended that the structure be changed and more authority be given to a secretary of human services, the position of human service director

be created for each area, and area directors be given authority to create local networks of human services. Footnotes, three papers on area strategy, and a bibliography are included. Organizational Development of State Human Services Series.

192. Curtis, W. Robert; and Neuhauser, Duncan.
Reorganizing Human Services in Massachusetts, USA: Environment, Theory, Change, and Evaluation.
1979, 20p
SHR-0004185 Available from Social Matrix Research, P.O. Box 9128, Boston, MA 02114.

This report describes the reorganization of mental health services in Taunton, Mass., and its use in developing concepts for the reorganization of all of Massachusetts' human services delivery system. In the early 1970's, a combination of unique conditions in Taunton resulted in a change from a traditional large State mental hospital for delivery of all mental health services to a set of community human service centers. Each center served about 10,000 people. Theoretical concepts applied during the change from central system to a community system included deinstitutionalization, social network analysis, community development, problem-solving teams, budget reallocation, and matrix organizations. Significant organizational change occurred despite an inflexible civil service system and lack of new funding. Evaluation which considered political response, cost effectiveness, and bureaucratic change showed largely positive results. The ideas initially tested in Taunton helped conceptualize and lead to change at the State level. The new approaches, called area strategy, were developed to improve the State bureaucracy without new expenditures. The strategy consisted of 40 management teams, one for each geographic area, as well as increased decentralization of authority to the teams, increased budget flexibility, recognition of the importance of education, and use of events in service delivery as information sources for overall change. Short-range goals included establishment of service area boundaries, forming area planning teams, network building, demonstration sites, selection and management training curriculum development. Whether these changes will continue depends both on the present administration's continuity and on increased support from the Massachusetts legislature. Figures, footnotes, and a reference list are included.

193. Daniels, Marionette S.; and Bosch, Samuel J.
School Health Planning: A Case for Interagency Collaboration.
1978, 11p
SHR-0004042 Pub. in Social Work in Health Care v3 n4 p457-467 Summer 1978.

Representatives of Mount Sinai School of Medicine of the City University of New York, the New York City Department of Health, the New York City Board of Education, and a group of East Harlem parents attempted to solve some of the major problems involved in the provision of health care services to East Harlem school children. In 1973, the Department of Community Medicine, in response to continued requests from community groups to participate in school health screening programs in East Harlem, established an interdisciplinary intramural team consisting of a health planner, a physician, a nurse, a social worker, and a health administrator. The team eventually expanded into an interagency, interprofessional planning team with representatives from the Department of Health, the Board of Education, and the School of Medicine. Team members determined that the overall problem in providing health care to East Harlem school children was the absence of an "organized mechanism of access" that could successfully link the school health system with the available medical and financial resources in the community. With the participation of representatives from community groups, a service

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model was developed which included the creation of an administrative structure to establish and maintain viable linkages among funding agencies, health care providers, and consumers of health care; the use of the school by the health plan office as the place to market a prepaid health plan; the prepayment for professional services to providers in the area through capitation; and the establishment of a mechanism to monitor the quality of health care provided through the system. Notes and references are provided.

194. Davenport, Judith A.; and Davenport, Joseph.
Wyoming Univ., Laramie Dept. of Social Work.
Boom Towns and Human Services.
1979, 156p
SHR-0003791 Available from Wyoming Human Services Project, Univ. of Wyoming, P.O. Box 3413, Laramie, WY 82701.

This anthology gathers together papers offering a variety of perspectives on human service problems, issues, and strategies in communities affected by rapid energy development. These energy–impacted communities are commonly called "boom towns." A boom town is defined as a community experiencing above–average economic and population growth that results in benefits for the community (expanded tax base, increased employment opportunities, social and cultural diversity), but which also places or results in strain on existing community and societal institutions (familial, education, political, economic). Specific contributions include a report on research that examined social changes experienced by a boom town and found underlying changes in the cultural and sociological structure of nine western communities; a study of the health status of individuals and families in Wyoming; an examination of rapid community growth and its relation to mental stress; and a discussion of financial and other resource shortages experienced by educational systems in boom towns. Other areas covered in the articles are housing, community planning, human service politics, grassroots organizing, team approaches, and the role of the church. Most of the papers focus on communities in Wyoming, although their information can be applied elsewhere. A map, references, notes, and photographs of the contributing authors are included. The book should be helpful to social work educators, human service practitioners, health professionals, and other persons interested in boom towns. (Author abstract modified). Wyoming Univ. Publications, Volume XLIII.

195. Davis, Richard H.
University of Southern California, Los Angeles. Ethel Percy Andrus Gerontology Center.
Counseling the Older Adult. Final Examination.
1978, 12p
SHR-0003964 Available from the Ethel Percy Andrus Gerontology Center, University of Southern California, Los Angeles, CA 90007.

This examination booklet accompanies a training manual for paraprofessionals and beginning counselors involved in meeting life satisfaction and mental health needs of elderly citizens. It contains the final test and blank answer sheets for the test. Eighty–two test questions are included (true–false, multiple–choice, fill–in–the–blank, and short–essay). The examination booklet and training manual were prepared to teach communication and counseling skills and to provide basic information regarding older adults.

196. Department of Health, Education, and Welfare, Washington, D.C. Office for Handicapped Individuals
White House Conference on Handicapped Individuals. Summary.
1978, 140p
SHR-0003919 Available from the Superintendent of Documents, Govern-

ment Printing Office, Washington, DC 20402, Order number 052-003-00563-8.

The Summary (Final Report) of the 1977 White House Conference on Handicapped Individuals emphasizes Conference resolutions and recommendations that can be used as a basis for Federal, State, and local action. Brief accounts of Conference history, background, and processes precede what constitutes the major emphasis of this summary: 815 recommendations, grouped by major issue areas and by order of importance according to delegates' votes. Health concerns recommendations are grouped under research, technology, diagnosis, prevention, and treatment. Educational recommendations are made for preschool, school-age (5–21 years), and post-school (21 years plus) groups. Recommendations in the area of social concerns are grouped under: (1) attitudes of the general public toward handicapped individuals; (2) psychological adjustment of handicapped individuals and their families; (3) recreation; (4) participation in cultural activities; (5) architectural accessibility; (6) transportation accessibility; and (7) communication techniques, systems, and devices. Recommendations related to economic concerns are divided into the areas of employment, opportunity, and security. Special concerns include recommendations in the areas of (1) problems of the severely and multiply handicapped, (2) community residential facilities, (3) service delivery systems, (4) civil rights of the handicapped, (5) unique problems of handicapped minorities, disabled veterans, and the handicapped aging. Other sections provide summaries of meetings, seminars, and of 142 resolutions that were passed by the Conference. A concluding section identifies and discusses eight major Conference findings, which include reaffirmation of handicapped persons' rights, demands that the handicapped be represented at the highest policy levels, and the need for an organized human services delivery system and for employment training and economic opportunities. See also related documents, SHR-0002307–SHR-0002310.

197. Department of Health, Education, and Welfare, Washington, DC.
Your Responsibilities to Disabled Persons as a Health Care or Social Service Administrator.
1977, 12p
SHR-0004133 Available from HEW Publications, Hubert H. Humphrey Bldg., Rm. 542F, Washington, DC 20201.

Health care and social service administrator responsibilities to disabled persons are outlined in this brochure with regard to the Rehabilitation Act of 1973 (a Department of Health, Education, and Welfare regulation). Section 504 of the act referring to disabled persons, which became effective in June 1977, is briefly described in terms of compliance provisions and definitions of handicapped groups. Pointers for compliance are intended to be applicable to hospitals, clinics, nursing homes, welfare programs, day care centers, senior citizen or other social programs, and vocational rehabilitation centers that receive Federal assistance in the form of grants, loans, most contracts, services, or property, under HEW programs or programs of other Federal agencies. Self-evaluation measures and checklists synopsize how administrators of these services can ensure that their programs and facilities meet the new requirements for provision of services, physical access to buildings, and employment. Addresses for Offices of Civil Rights in the ten Regions are listed for handicapped persons who feel that their rights have been violated, and other rights mentioned in Section 504 are described. Related HEW programs are also enumerated with short descriptive annotations.

198. District of Columbia Office of Planning and Evaluation, Washington.
Zero Base Budgeting Manual, Fiscal Year 1981.
Apr 79, 41p
SHR-0003933 Available from Government of the District of Columbia, Dept.

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of Human Resources, Planning, and Evaluation, Washington, DC 20001.

This manual explains and provides instruction on the zero base budgeting (ZBB) process to be used by the Department of Human Resources of the District of Columbia in preparing its budget request. This budgeting method has been introduced because financial constraints make it necessary to continually reexamine needs, objectives, and alternatives and to find new, more efficient, and more effective ways of meeting highest priority requirements. Thus, office and administration managers are to use ZBB, a process that requires them to justify their entire budgets in detail each year, as if functions or programs were being funded for the first time. The primary objective of ZBB is to provide a systematic basis for ensuring that resources are allocated in accordance with the department's mission and goals. The ZBB process in the department includes four primary elements: (1) identification of budget units; (2) analysis of each budget unit via incremental level funding requests; (3) evaluation and ranking of all increments to develop an appropriation request; and (4) preparation of an operating budget that reflects those increments approved in the budget cycle for each budget unit and consolidated at the bureau and administration level. Included in these guidelines are the identification of personnel responsible for formulating the budget, criteria for defining the budget elements, steps in the budgeting process, and instructions for filling out the budgeting forms. Appendices contain a list of executive and support personnel and sample forms.

199. Elmer, Elizabeth.
Bureau of Community Health Services, Rockville, MD.
Child Abuse/Neglect. A Guide for Detection, Prevention, and Treatment in BCHS Programs and Projects.
1979, 30p
SHR-0004014 Available from Health Services Administration, Center Bldg., Room 10-44, 3700 East-West Highway, Hyattsville, MD 20782.

Material is provided to help Bureau of Community Health Services supported programs in developing more effective systems for the identification and management of child abuse and neglect. Specific objectives of the guide are to summarize general information about abuse, examine identification and reporting activities, present management methods, discuss intra-agency and community education programs, emphasize the importance of coordination with other community resources, and offer a brief summary of resource material. Each agency has a responsibility to identify potential and actual abuse and report suspected cases. A plan of action with assigned responsibilities should deal with each phase of contact with the abused child and the family. The preferred method of dealing with abuse is through a team which allows responsibility to be shared. Core members of such a team would be a physician, nurse, and social worker. In addition to giving direct help to the child and family, the team should develop policies and programs for abuse, write agency procedures, update the procedures regularly, assist with diagnosis and planning, coordinate services within the agency and with community resources, help develop new services for abused children and their families, orient new staff, plan and execute in-service training, assist in community education, and provide objectivity and support for one another. A directory of resources is provided, along with references. Federal legislation bearing upon child abuse and neglect is included in the appendix. Revision of DHEW publication HSA-77-5220 published in 1977.

200. Finn, Peter.
Massachusetts Parent-Teacher-Student Association, Boston.
Development of Attitudinal Measures Toward Alcohol Education in the School and in the Home.

1978, 17p
SHR-0003939 Pub. in Jnl. of Drug Education v8 n3 p203-219 1978.

This article introduces an Alcohol Education Attitudes Questionnaire developed for evaluating ongoing school efforts toward effective alcohol education programs. Most alcohol education programs are rarely assessed because the evaluation instruments designed for this purpose have been lacking. As part of a project with the Massachusetts Parent–Teacher–Student Association, a series of alcohol education seminars for parents was conducted in order to develop, pretest, and test the questionnaire. Twenty volunteer parents were involved in the questionnaire development process. The questionnaire was designed to obtain data on parental attitudes toward juvenile drinking, school and home–based alcohol education, and ways to promote moderate drinking or abstention habits. Possible applications of the questionnaire include its use with ongoing school programs, by school boards and planners, community associations, and specialized alcohol study courses in schools of education. Sections of the instrument can be used in pretest and posttest assessments of attitude change after program participation. In addition to its evaluation function, the questionnaire itself can be viewed as a learning tool for alcohol education issues. The questionnaire is appended.

201. Fisher, Bruce; and Berdie, Jane.
Urban and Rural Systems Associates, San Francisco, CA.
Adolescent Abuse and Neglect: Issues of Incidence, Intervention and Service Delivery.
1978, 20p
SHR-0004012 Pub. in Child Abuse and Neglect v2 n3 p173-192 1978.

The abuse and neglect of adolescents are examined with respect to incidences of abuse, intervention, and services delivery; potential solutions to problems are recommended. The study was based on data from a national clearinghouse, as well as from State and local agencies, from a literature review, and from analysis of existing services in 15 U.S. cities. Although data are incomplete and imperfect, they indicate that the problem of adolescent abuse and neglect is significant. Incidence data for 1976 indicate that 36 percent of child abuse and neglect victims in the U.S. were between 10 and 18 years of age; almost 25 percent were teenagers. Significant issues associated with legal definitions of adolescent abuse and neglect relate to seriousness of injury, judicial attitudes, emotional abuse and neglect, provocations, and justification. Other important aspects of the problem include the influences of role conceptions and of developmental stages and the need to protect the victim. Abused adolescents are more likely to be served by the juvenile justice system, the alternative youth services network, or the mental health system than by the traditional child protection system, because their disruptive behavior often comes to public attention. Child protection agencies are not providing adequate protective services for adolescents. Alternative services including runaway programs, hotlines, and storefront counseling, are the most effective services for youth. Adolescent abuse and neglect should receive greater attention from social service agencies, and service delivery, staff training, and recordkeeping should be improved. Other specific recommendations and a reference list are included.

202. George Washington Univ., Washington, DC.
Toward an Inventory of Federal Programs With Direct Impact on Families.
Feb 76, 86p
SHR-0003956 Available from Publications Coordinator, Inst. for Educational Leadership, Suite 310, 1001 Connecticut Ave., NW, Washington, DC 20036.

An initial step in examining the ways in which public and private policies affect families, this inventory of Federal programs with direct impact on families is based on a review of the 1,-

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044 programs listed in the Catalog of Federal Domestic Assistance for fiscal year 1976. Five Federal agencies were found to account for 80 percent of the programs listed in the inventory: the Department of Health, Education, and Welfare; the Veteran's Administration; the Department of Labor; the Department of Housing and Urban Development; and the Department of Agriculture. The discussion highlights the dimensions of family functioning affected by each agency's programs, the target groups involved, and, where significant, the restriction of programs to low-income families or their availability to a broader public. Particular programs within each agency are suggested as suitable for family impact analysis. Examples of relevant family impact issues upon which such analysis might focus are cited. The inventory is illustrative and preliminary, since a thorough review and comprehensive listing of public policies affecting families must consider local, State, and Federal programs and policies, including laws, regulations, funding priorities, court decisions, and systems of organization and delivery which affect families. Tabular data are provided. Family Impact Seminar.

203. Gibelman, Margaret; and Grant, Stuart.
Uses and Misuses of Central Registries in Child Protective Services.
1978, 9p
SHR-0004002 Pub. in Child Welfare v57 n7 p405-413 July/Aug 78.

A 1977 national survey questions the effectiveness of computerized central registry systems in achieving child protective service goals. Central registries respond to the perceived need for a single repository of reports and findings about child abuse and neglect in a delineated area. In most cases, this registry is maintained by a State social service agency. Computerized registries have a case information function, identify cases of recidivism and detect "hospital shopping," assist in the diagnostic assessment of parental abuse patterns and child abuse victims, enhance the accuracy of data on child abuse and neglect to assist in program planning and resource development, and establish and maintain a body of data from which statistical analysis can be conducted. Although computerized registries have their advantages, certain dangers in their use concern unwarranted access to confidential information, long-term recordkeeping that may stigmatize children and their families, and due process of law. A questionnaire was sent to administrators primarily responsible for child protective service programming. Responses were received from 48 States (only Alabama and Maryland did not respond). Results showed a statewide registry for both child abuse and neglect reports is maintained by 35 of the 48 responding States, while another 6 States report statewide registries for child abuse cases only. Seven States indicate no central registry system. Identifying recidivism is the most important use of registries. Child age and sex information is available in registries of almost all States. Even though physicians are required to report information, they are not usually given access to information in registries. Thirteen States have computerized registries, but lack of uniform and strict penalties for erroneous release of information enhances the potential for misusing central registries. The article notes possible misuses of registry information and discusses the extent to which registries are used for statistical analysis. Finally, the lack of studies by States regarding the effectiveness of central registry utilization is noted, with reference to risks in computerized information storage systems. Notes and references are included. An earlier version of the paper was presented at the

204. Glazer, Nathan.
Should Judges Administer Social Services.
1977, 17p
SHR-0004066 Pub. in Public Interest n50 p64-80 Winter 1978.

The proper role of the judiciary in overseeing, correcting, setting standards, and directly ad-

ministering social services is examined in view of the judiciary's expanding role in social policy. Court orders involving school desegregation exemplify judicial decisions that go beyond procedural requirements to substantive requirements with administrative detail. These judicial decisions, remedies, and interventions are beginning to shape the entire structure of social policy, yet questions regarding their impact rarely arise in court. Judges face numerous limitations in trying to evaluate social policy or programs, but a court lacks the time to evaluate an intervention's impact. A study of cases involving the judiciary's administrative decisionmaking suggests five hypotheses: (1) the first effect of strengthening social services recipients' rights must be to reduce the powers of administrators and those working directly with clients; (2) the emphasis on rights is also an emphasis on procedures; (3) judicial proceedings give weight to theoretical knowledge rather than to practical or clinical knowledge; (4) theoretical knowledge from social scientists is most effective in helping judges frame their decisions; and (5) the emphasis on rights and procedures strengthens some system elements, such as lawyers, in the provision of services. The overall effect of judicial intervention is to reduce the responsibility, discretion, and authority of administrators, to give greater weight to theoretical considerations than to practical or clinical considerations, and to reduce the power of those dealing directly with clients. It is questionable, therefore, whether social policy has been improved by judicial intervention.

205. Goldmeier, John; Shore, Milton F.; and Mannino, Fortune V.
National Inst. of Mental Health, Adelphi, MD. Mental Health Study Center.
Cooperative Apartments: New Programs in Community Mental Health.
1976, 22p
SHR-0004095 Pub. in Health and Social Work v2 n1 p119-140 Feb 77.

The potential of cooperative apartments as an alternative in residential care for former patients of mental hospitals is only beginning to be explored. A review of existing programs in Missouri, Massachusetts, New York, and Maryland, as well as in other States, shows that such apartments provide a last stepping-stone for patients as they move toward a completely independent life. In contrast to other residential arrangements, such as foster home care or halfway houses, cooperative apartments seem less likely to induce patient dependence or to be reminiscent of the hospital. Moreover, they are relatively inexpensive, can be established without attracting attention in the community, and permit their occupants to live more like other people and with comparatively little stigma. The impetus to establish cooperative apartments can come from a variety of sponsoring agencies, including hospitals, community mental health agencies, and family service agencies. Such diversity is currently necessary because only through the evaluation of different models and their effectiveness will criteria be established for a national policy regarding residential care. Notes and references are provided. (Author abstract modified).

206. Gonzalez, Gerardo M.
What Do You Mean: Prevention.
1978, 10p
SHR-0004060 Pub. in Jnl. of Alcohol and Drug Education v23 n3 p14-23 Spring 1978.

Standards of responsible and irresponsible alcohol-related behavior are proposed, and their predictive reliability is tested. Responsible standards include using alcohol as an adjunct to an activity rather than as the primary focus of attention; providing food with alcohol at all times; providing nonalcoholic alternative drinks when hosting a party; expressing displeasure by offering a substitute drink to someone who has had too much alcohol; setting personal limits on how many drinks one is going to have on a particular occasion; and respecting a person who abstains from drinking. Irresponsible alcohol-

related behaviors were listed as rationalizing drinking; gulping drinks for the stronger effect produced by rapid drinking; celebrating by drinking every time things go well; drinking alone from a desire to escape boredom or loneliness; and drinking just to get drunk. These standards were tested using a sample of undergraduate college students. Three null hypotheses were tested: (1) there is no relation between standards of alcohol–related behaviors and the incidence of negative consequences caused by drinking; (2) there is no relation between standards of alcohol–related behavior and knowledge about alcohol use; and (3) that there is no relationship between knowledge about alcohol use and the incidence of negative consequences experienced as a result of drinking. Responsible and irresponsible behaviors were incorporated into a 20–item scale. The overall "student drinking questionnaire" contained scales on responsibility, knowledge, and behavior consequences of drinking plus a short section on demographic information. Visits were made to universities in North Carolina, Georgia, Mississippi, Texas, and Alabama. Of 641 students questioned, 499 or 78 percent indicated they drank alcoholic beverages: 338 of the 499 students were white, 95 were black, and 65 were Spanish–speaking. A significant inverse relation was observed between responsibility and negative consequence variables, but no significant relation was found between responsibility and knowledge variables, nor between knowledge and negative consequence variables. It is concluded that alcohol abuse prevention efforts must do more than just seek to increase participant knowledge about alcohol. A prevention module designed at the University of Florida is discussed. Supporting data and references are provided.

207. Goodfriend, Shirley Trute.
Introduction and Utilization of A Computer Based Program Monitoring System in a Comprehensive Child Welfare Agency.
1979, 191p
SHR-0004092 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

The design of an automated information system for a child welfare agency, its introduction in an agency, and the structuring of a monitoring system are discussed. Steps for introducing an automated information system in a child welfare agency begin with conducting a system analysis. This involves the identification and analysis of the universe of demands for service, possible agency responses (process), and attained results (outcome). Next comes identification of long–range agency goals, establishing program objectives, establishing primary and secondary goals for monitoring, and selecting performance indicators. Forms are the next area of concern. Implementers will need to design forms, test them, and update them where needed. The most demanding and difficult aspect of implementation, however, is the preparation of the agency staff for operating and using the system. It requires educating staff about computerization, about the more comprehensive use of recording, and about the development of an alternative model of service delivery. As various patterns of staff resistance arise, personnel should be presented with interpretations of the value of the project and information about the computer operation; they should always be involved in the planning stage. The system as designed provides a foundation for casework practice, presents statutory information for court purposes, and secures an ongoing scrutiny of service demands. The appendices provide samples of forms used in the system. Footnotes are included. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare at the University of California, Berkeley.

208. Goodstein, Leonard D.
Consulting With Human Service Systems.
1978, 172p
SHR-0004032 Available from Addison-Wesley Publishing Co., Jacab Way, Reading, MA 01867.

This book is designed to provide the clinical psychologist and other mental health professionals with an introduction to the field of organizational consultation. It is intended for professional consultants and persons in courses in consultation methods, organizational psychology, community psychology, and organizational development. An overview is provided of the conceptual issues involved in understanding organizations and the consultation process. Topics discussed include (1) the differences between human service organizations and business and industrial organizations, (2) major theoretical analyses of consultation, (3) process consultation, and (4) organizational theory. The stages of organizational consultation are presented, including entry issues, diagnoses, possible interventions, and evaluation and termination of the consulting relationship. Tables, figures, and a reference list are included. Addison-Wesley Series in Clinical and Professional Psychology.

209. Gordon, James S.
National Inst. of Mental Health, Rockville, MD.
Caring for Youth: Essays on Alternative Services.
1978, 146p
SHR-0004121 Available from Eric Document Reproduction Service, PO Box 190, Arlington, VA 22210 as ED 165 362.

Alternative services for troubled youth, the role of the mental health professional, runaways and runaway centers, long–term residences for youth, and current and future services for troubled youth are discussed in this collection of ten essays. The first series of essays serves as a primer and guide for mental health professionals considering work in alternative services for youth and alternative service workers who might want to use professionals as consultants. A second series of essays deals with the development of runaway houses as places for youth to stay while receiving help in making decisions about their futures. Information is drawn from a number of runaway centers. Conditions that have precipitated runaway behavior are discussed, and an overview is presented of the comprehensive services that runaway centers are currently offering. The spirit and scope of runaway centers are then compared with community mental health centers. A third series of essays is devoted to alternative group foster homes and their history as the long–term residences created to meet the needs of some youth who cannot live with their families. These essays are for the benefit of counselors in group foster homes and other alternative services and mental health professionals. The operations of two group homes are detailed, with consideration of the ability of one of them to work with severely disturbed youth who have been or would otherwise be hospitalized. The final series of essays deals with youth helping youth in a hotline program, the present transition period for alternative services for youth, and prospects for the future in the development of new roads for mental health for youth.

210. Hartford, Margaret E.
University of Southern California, Los Angeles. Leonard Davis School of Gerontology.
Groups in the Human Services: Some Facts and Fancies.
1978, 7p
SHR-0003978 Pub. in Social Work with Groups v1 n1 p7-13 Spring 1978.

Group work is important in social services and social workers need to acquire knowledge about working with small groups. Groups as a means of social work service delivery within almost every context—schools, hospitals, family counseling, child welfare, institutions, community services for the elderly, neighborhood organization, and community planning—offer a unique avenue for influencing the attitudes and behavior of group members. Groups in themselves, however, do not automatically influence participants constructively. Group leaders, in order to nurture constructive outcomes of group participation, must learn to structure and inform

the group life in accord with the ends desired. This is manipulative only to the extent that the parameters of the group dynamics are planned to deter harmful influences and facilitate positive development. Although there is a significant body of knowledge about small group work, very little of it is taught to social work students. The educational focus currently involves theory about individuals, families, social systems, and organizations, while small group theory is relegated to the status of an elective. The value of small group work requires a priority for training it has not generally received. References are provided. Paper adapted from an address to Los Amigos de Humanidad Support Group of the School of Social Work, University of Southern California, Los Angeles.

211. Hartik, Lorraine Mae.
Identification of Personality Characteristics and Self-Concept Factors of Battered Wives.
1978, 82p
SHR-0004105 Available from University Microfilm International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

Two psychological instruments were administered to 30 battered wives and 30 wives who had never been battered. Subjects were from one California county. They could read at or above the sixth grade level, were not institutionally confined, and completed the questionnaires voluntarily. The 16 Personality Factor Questionnaire (16PF) was used to measure personality characteristics; the Tenessee Self–Concept Scale (TSC), to measure self–concept factors. Testing of four hypotheses showed that wives who had been battered were less psychologically healthy than wives who had not been battered. Battered wives showed significant differences from nonbattered wives in both personality characteristics and self–concept factors. For example, battered wives were at the lower limits of ego strength, while nonbattered wives were at the middle range of the 16PF. Battered wives scored significantly higher than nonbattered wives in the apprehensive characteristic of the 16PF. Additional research should focus on backgrounds of battered wives and their marital relationships, different socioeconomic groups, battering husbands, wives in shelters versus wives in the community, battered women who batter their own children, and related subjects. A literature review, tables, a bibliography, and appendices presenting a description of study subjects, additional results, and sources of the study instruments are included. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, United States International University.

212. Hartogs, Nelly; and Weber, Joseph.
Greater New York Fund/United Way, NY.
Managing Government Funded Programs in Voluntary Agencies.
Oct 79, 26p
SHR-0004141 Available from Greater New York Fund/United Way, 99 Park Ave., New York, NY 10016.

This booklet is intended to provide useful guidelines for the effective implementation and management of government–funded programs administered by voluntary health and welfare agencies. The following general concerns of agencies are specifically addressed: (1) inability to determine true overhead costs, resulting in ineffective contract negotiations with the government and inadequate reimbursements; (2) limited involvement of agency boards of directors in determining policy relating to the initiation and execution of government contracts; (3) plight of small agencies with insufficient resources on all levels, resulting in an overall negative impact on both the fiscal and program level; and (4) common practice of agencies using their own resources of voluntary dollars to support the government program. The booklet outlines major factors that affect government–funded programs, such as funding types and operating budget size, and discusses the administrative, fiscal, and program considerations in-

volved in a decision to apply for government funds. Also explained are application procedures and aspects of contract negotiation. Finally, administration of government–funded programs is considered in terms of program implementation, and program and fiscal accountability. Fiscal accountability involves such matters as functional accounting, payment delays, cash flow problems, in–house cost analysis, and government fiscal audits. The appendix lists definitions and reference materials.

213. Health Resources Administration, Rockville, MD.
Baselines for Setting Health Goals and Standards. Papers on the National Health Guidelines.
Jan 77, 110p Executive Summary available from PROJECT SHARE.
SHR-0004016 Available from Health Resources Administration, Center Bldg., Room 10-44, 3700 East-West Highway, Hyattsville, MD 20782.

This monograph presents seven analytical papers and studies commissioned by the U.S. Public Health Service to prepare for the development of national health guidelines as required by Section 1501 of the 1974 National Health Planning and Resources Act. The papers set forth the historical and legislative background for goal setting and present baseline information on current U.S. health status, resources, utilization, and expenditures, in many cases in terms of individual health service areas. The monograph is addressed to community leaders and professionals currently developing goals and standards and also to other providers and consumers concerned with health issues. The law established a network of agencies to develop the health planning guidelines with emphasis on State and local efforts. Initial goals and standards will be modified and extended after experience and feedback. Since 1935, Congress has passed 129 separate laws related to health, health resources, environmental protection, and biomedical research, but none has stated an overall health goal or set of goals. In recent years, several dozen health commissions, committees, task forces, and consultant groups have been established by Congress and other bodies. Their experience is important to the effort of developing guidelines. Efforts to formulate goals and standards by other countries and by U.S. State and area agencies for comprehensive health planning are also instructive. Data on current U.S. health conditions and resources provide a context for setting goals and standards. Health measures include population characteristics, mortality rates, health resources, utilization of health resources, and expenditures for health care. Examination of prospects for future population and family structure, living conditions, energy sources, technology, health status, health manpower, and organization of health resources all indicate numerous probable changes. While many of these conditions will be difficult to influence, others will be susceptible to modification through human creativity and effort. Examples of goals and standards from past planning efforts in the U.S. and other countries, extensive tabular data on the current U.S. health status, other tables, footnotes, a list of selected Federal health laws, and chapter reference lists are included.

214. Hellinger, Fred J.
Substitutability Among Different Types of Care Under Medicare.
1977, 8p
SHR-0004076 Pub. in Health Services Research v12 n1 p11-18 Spring 1977.

The question of whether Medicare coverage of outpatient services, nursing home care, and home health care reduced the use of short–term hospitals by Medicare beneficiaries and whether reduced–hospital use saved the Medicare program money is reexamined by applying a simultaneous–equations model estimated by the two–stage, least–squares method. Since the utilization levels of all the above types of care are interrelated, accurate measurement of the patterns of possible substitution between any

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two types of care requires including all the other types in a simultaneous–equations model. Such a model, with its five equations, was used to investigate the mean length of stay and admission rate in the short–term hospitals, along with utilization of outpatient, extended–care facility, and home care services. State aggregate data on utilization by Medicare beneficiaries during 1968 were taken from Social Security Administration publications; demographic data were obtained from a U.S. Census Bureau publication. The five dependent variables were (1) short–term hospital admissions per 100 Medicare enrollees, (2) mean length of stay covering days per claim, (3) number of claims for outpatient hospital services per 100 Medicare enrollees, (4) number of extended–care facility admissions per 100 enrollees, and (5) number of home health care starts per 100 enrollees. Findings were in agreement with earlier studies and confirmed that both nursing home care and outpatient care can substitute for hospital care. However, in contrast to earlier studies, a complementary relationship between outpatient and nursing home care indicates that the additional coverage resulted in greater, not less, expenditure by Medicare. Tabular data and references are provided.

215. Hill, Robert B.
National Urban League, Washington, DC. Research Dept.
Informal Adoption Among Black Families.
1977, 130p
SHR-0003958 Available from National Urban League, Research Dept., 733 15th St., NW, Suite 1020, Washington, DC 20005.

This study examines the structures and functioning of black extended families and social characteristics of informally adopted children in black families and of the families adopting them. The report describes such families' economic functioning and the quality of child care provided, and it recommends ways social policies and programs can be modified to improve the quality of child care services to families with informally adopted children. Informal adoption is defined as the process by which dependent children are informally reared by adults who are not their natural or formal adoptive parents. Data came from three national data sources compiled by the U.S. Bureau of the Census. Results indicate that (1) the extended family is one of the most viable institutions for the survival and advancement of black people today, (2) informal adoption is a key function performed by the black extended family and (3) about three million children, half of whom are black, live in relatives' households. The study also found that about 90 percent of black children born out of wedlock each year are retained by the extended family, while two–thirds of such white children are given up for adoption; child abuse is least prevalent in informally adoptive families; half of all black families headed by elderly females have informally adopted children; and most informally adopted children are not on public assistance, although they are likely to be economically disadvantaged. It is recommended that (1) social policies promote self–help kinship networks among all racial groups, (2) relatives be given first preference in foster care and adoptive placements, (3) adoption subsidies be expanded, (4) special support for families with informally adopted children be developed, (5) more institutionalized children be brought into viable families, and (6) further research on the relationship of informal adoption to child abuse, mental illness, and social policies be conducted. Tables, footnotes, and a bibliography are included..

216. Hogge, James H.; Fellendorf, George W.; Moore, John W.; and Wuescher, Les.
National Institutes of Health, Bethesda, MD. Div. of Research Resources.
Delivery Service Index: Basis in Evaluative Judgments.
1979, 18p
SHR-0004005 Pub. in Evaluation Quarterly v3 n4 p643-660 Nov 79.

Social judgment theory is used to combine several descriptive indicators that yield an aggregate index of overall service quality. Like description, judgment is a fundamental cognitive aspect of evaluation. In the theoretical lens model, service quality is not directly observable and can only be inferred through a judgmental process from a potentially wide array of variables reflecting different aspects of client experiences with services. These variables constitute elements of a service experience profile. The interpretation of service delivery evaluation in terms of the lens model demonstrates that any global characterization of service quality is necessarily subject to potential redefinition by different judges. Steps in the development of a service delivery index (SDI) are profile development, selection of representative cases, selection of a panel of judges, profile rating, assessment of agreement, development of individual equations, identification of policy clusters, development of an overall equation, and application of equation(s). An example of SDI development for assessing the quality of services received by preschool hearing-impaired children and their families demonstrates that such an index can accurately represent aggregated evaluative judgments. An analysis of SDI differences among income groups in Sweden and the United States suggests that the sample education–health SDI has construct validity. Strengths of the SDI development procedure are identified, and problems in nonconsensus situations are noted. Tabular data and references are included.

217. Horejsi, Charles R.
Montana Univ., Missoula. Dept. of Social Work.
Foster Family Care: A Handbook for Social Workers, Allied Professionals, and Concerned Citizens.
1979, 357p
SHR-0004117 Available from Charles C. Thomas, Pub., 301-327 East Lawrence Ave., Springfield, IL 62717.

This book presents information and guidelines to help social workers, psychologists, psychiatrists, and concerned laypersons make decisions related to the use of foster family care. Other goals of the book are to help prevent inappropriate placement of children into foster care and to increase the quality of care received by those children. A question and answer format is used to permit short and focused discussions of specific topics. An overview of the U.S. foster care system is provided. Discussions relate to the placement decision, the natural parents, the use of behavioral contracting, programs of performance planning, and the child's reactions to foster care. Other topics explored include: (1) the recruitment, selection, and retention of foster parents; (2) legal concepts in foster care; (3) special problems of the American Indian child; and (4) issues related to professional performance. Research findings on foster care are presented. Innovative and successful programs are described. Addresses of organizations with information on foster care, tables, checklists, reference lists, and a glossary of legal terms are provided. Extensive appendices present an intake questionnaire, guidelines for assessing prospective foster care situations, a reference list, and an index.

218. Hunt, Peter J.
Personnel Research and Training Inst., Madeira Beach, Fl.
Program Evaluation Manual.
1978, 198p
SHR-0004033 Available from Personnel Research and Training Institute, 130 1 Boca Ciega Ave., Madeira Beach, FL 33708.

Adopting a user-oriented approach to evaluation, this manual documents the steps required to evaluate a program and use the results in program decisionmaking. In the first of the two major sections of the manual, the planning and research design of evaluation are discussed, followed by a description of the steps for collecting and analyzing the evaluation data, interpreting the results, and writing the evaluation

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report. Attention is given to computer use in analyzing evaluation data. Also included is a presentation of the "Statistical Package for the Social Sciences," a computer program package which computes many of the statistics useful to decisionmakers. The second major section of the manual treats the use of program evaluation data in the decisionmaking process. An overview of the process is presented, and special considerations in using evaluation data are examined. The issues considered are product or service quality as a measure of performance, community factors and program performance, costs, efficiency versus effectiveness, the need for multiple criterion variables, benefits derived from using evaluation results, and program areas where evaluation results are particularly useful. The appendix discusses definitions of program evaluation concepts. References and an index are provided. (Author abstract modified).

219. Huttman, Elizabeth D.; and Volinn, Ilse J.
Housing and Social Services for the Elderly: Social Policy Trends.
1977, 293p
SHR-0004184 Available from Praeger Publishing Co., 383 Madison Ave., New York, NY 10017.

Information and research findings on all aspects of housing for the elderly are presented. The text discusses general characteristics and needs of the elderly, needs relating to housing requirements, and types of assistance provided the elderly in their own homes, including financial assistance and supportive services. Housing designed for the elderly is discussed, notably apartments and congregate housing, and services and staffing are also considered. Special issues treated are development provision versus community provision, multilevel care complexes for the elderly, size of the development, site location, and use of high-rise buildings. Much of the data presented and discussed are derived from a Canadian nationwide study on subsidized, specially designed apartments and congregate housing in Canada. The study included a mail survey of 294 managers, interviews with 303 elderly living in 19 such developments, and case studies of these 19 developments. A chapter is devoted to the nursing home, its facilities, funding, staff, and patients. The appendix discusses the methodology of the Canadian survey. Notes and an index are provided. One of the Praeger Special Studies in U.S. Economic, Social, and Political Issues.

220. Indochina Refugee Action Center, Washington, DC.
Synopsis of Current Indochinese Refugee Situation.
Aug 79, 24p
SHR-0003867 Available from Indochina Refugee Action Center, 1025 15th St., NW, Suite 600, Washington, DC 20005.

A 1979 position paper of the Indochina Refugee Action Center in Washington, D.C., focuses on the number of people that have left Vietnam, Laos, and Cambodia. It is estimated that about 1.5 million people have left Indochina since 1975, and that as many as two to three million more will leave. There are more than 370,000 refugees living in noncommunist camps of first asylum in Southeast Asia. Since 1975, noncommunist countries have resettled nearly 600,000 refugees and have made commitments to resettle about 300,000 more through September 30, 1980. Through July 1979, the United States has taken about 220,000 refugees, with most locating in California, Texas, Pennsylvania, Louisiana, Washington, Virginia, Illinois, Florida, New York, Minnesota, Oregon, Colorado, and Oklahoma. Estimates of persons perishing enroute number in the hundreds of thousands. The General Accounting Office lists the most significant problems of voluntary agencies who handle refugees who make it to the U.S. to be uncertainties resulting from no government planning, reduction of per capita State Department grants, inadequacy of social services and

job training programs, refugee medical problems, lack of adequate advance notification of refugee arrival, and refugee adjustment problems in the United States. Once a refugee arrives and is settled with a sponsor, social services (including language skills, job training, welfare, and medical costs) are provided by various government agencies and departments with limited government and private funds. More detailed narrative and tabular information recounts refugee resettlement by country (United States and foreign), sex and age characteristics of refugees, sea rescue operations (United States, Norway, Italy, and other), camps of first asylum, U.S. commitments at Geneva, (e.g., to increase monthly quota of resettlement commitments and to request increased Federal funding), the role of Congress in refugee assistance, and the Cambodian famine.

221. Isralowitz, Richard E.
Juvenile Violence: A Threat to Our Community's Welfare.
1979, 21p
SHR-0004001 Pub. in Jnl. of Applied Social Sciences v4 n1 p57-77 Fall/Winter 79/80.

Violent juveniles include both youths who commit acts of violence and juveniles who repeatedly commit serious crimes. Violent juvenile offenders come from all socioeconomic groups. Aggressive youths with assaultive tendencies, or violent juvenile delinquents, initiate fights and exhibit cruelty, defiance of authority, malicious mischief, inadequate guilt feelings, and a lack of internal inhibitions. Violent behavior is probably the result of a number of contributing factors rather than a single factor. In 1974, 27.2 percent of all arrests in the the U.S. for serious crimes were of juveniles under age 18. Massachusetts data indicate that 11.2 percent of youths in custody in November and December 1976 needed secure care. State legislatures have tended to respond by proposing laws to increase penalties for serious juvenile offenders. One survey shows that 19 of 32 states reporting statutory revisions have substantially changed the way of handling serious juvenile offenders. Legislatures are likely to continue this approach to violent juveniles because data are lacking on effective treatments and resources are limited. The issue of violent juvenile delinquency may instigate a restrictive, inflexible, and oppressive approach to all juvenile delinquency and therefore negate progressive measures such as community–based facilities. Possible approaches include: (1) lowering the age of prosecution as an adult, (2) automatic initial sentencing to secure facilities, (3) assumption by courts of responsibility for youth services, (4) merging of youth and correctional agencies, and (5) return of large, restrictive institutional facilities for juveniles. The problem is a serious and often overlooked one, requiring further research and appropriate responses. Footnotes, a reference list, and an appended figure showing factors contributing to delinquency are included.

222. Jordan, Donald K.; and Windsor, Brian K.
Boys' Clubs of America, New York. Project TEAM (Teens Explore Alcohol Moderation).
Alcohol Abuse Prevention: A Comprehensive Guide for Youth Organizations.
1978, 176p
SHR-0004069 Available from Boys' Clubs of America, 771 First Ave., New York, NY 10017.

Guidelines for establishing alcohol abuse prevention programs in youth organizations are presented in this manual based on programs developed and field tested over a two–year period by the Boys' Clubs of America. The goal of the program was to develop realistic, innovative, and varied alcohol abuse prevention programs in Boys' Clubs throughout the U.S. by educating America's youth about the physical, psychological, and cultural effects of alcohol use. The pilot programs were conducted in 13 Boys' Clubs throughout the U.S. The seven re-

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sulting prevention models include peer leadership, peer counseling, arts and crafts, cultural exploration, media strategy, values clarification, and community service. The models address primary and secondary prevention but not intervention. Working with these models is addressed in the manual, together with methods of starting a program, types of staff to seek, ways to involve teenagers, program planning by objectives, evaluation, funding, community information, and facts about alcohol and alcohol abuse. Specific activities and group exercises, forms, diagrams, photographs, illustrations, a glossary, a reference list, and an index are included.

223. Kamerman, Sheila B.; and Kahn, Alfred J.
Day-Care Debate: A Wider View.
1978, 18p
SHR-0004068 Pub. in Public Interest n54 p76-93 Winter 1979.

Day care for children is examined in the context of the current debate about whether and how it should be provided. Most current discussions are based on inaccuracies, myths, ideology, ignorance, or denial of reality. These errors are illustrated by the five major arguments against day care: (1) there is no significant demand for it; (2) child care programs are ineffective; (3) day care programs undermine family values and are bad for children; (4) programs are too expensive; and (5) government programs or subsidies are unnecessary. Current data refute each of these arguments. New terms for a debate, rather than a specific new social program, are needed. The growing participation of women in the workforce has been especially marked among women with college education, women with one or two children, and women with children under age three. Economic forces will continue to foster this trend. Children represent, however, both societal and familial continuity and immortality. Society should consider its responsibility to its children. The issue that must be addressed is how adults are going to manage the successful care and rearing of future generations of children while spending a substantial portion of time at work away from home. Possible approaches already being used in other countries include maternity leave or parent insurance, child care provision as a public service, infant and toddler care through day care centers or grants to parents, and income maintenance policies such as family or children's allowances, tax credits, and social security entitlements. The discussion should thus move from day care to child care to parenting. The choices made will depend on what society wants to achieve for its families.

224. Kamerman, Sheila B.; and Kahn, Alfred J.
Explorations in Family Policy.
1976, 6p
SHR-0003961 Pub. in Social Work v21 n3 p181-186 May 76.

Despite a national ideology that the formulation of a family policy would represent unacceptable government intervention, recognition is growing that no modern industrial society can avoid policies that affect the family. Developments in foster care and child care raise issues that affect tax policies. Government policies also have consequences for family members other than children; e.g., the elderly. Conflict over the family structure avails; concern is for patterns of family disorganization; the growth of one–parent, female–headed families; the increasing labor force participation rate of mothers of young children; and rising statistics on divorce and out–of–wedlock childbirth. Government reactions do not reflect directed policy. Legislation providing extension child care programs has been vetoed because "good" public policy requires that parental authority and parental involvement with children be enhanced rather than diminished. Yet, Congress encourages or pressures mothers receiving aid to families with dependent children (AFDC) to place their children in care and take jobs. Meanwhile, child development experts worry about the absence of

mothers from homes. Family policy is defined to mean everything done by the government to or for the family. It has such parameters as population, policy, family planning, cash and in–kind transfer payments, employment, housing, nutrition, health, personal social services, child development, and the entire field of social policy for women. It is not an easy task to initiate a family policy in the United States, since this type of policy runs counter to the national ethic. However, family policy could emerge as one of several constructive criteria in the evolution of social policy. Social planning should be aimed at social justice, equality, and environmental protection; perhaps it will also be possible to formulate a criterion related to the well–being of families and other primary groups. Notes and references are included.

225. Kastelic, Frank Albin.
Careers of New Community Initiated Health Service Organizations.
Jun 77, 206p
SHR-0004187 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

Patterns in the careers of new community–initiated health service organizations are examined and implications are drawn. Based on the researcher's personal experience and pertinent organizational theory literature, assumptions were formulated which viewed new community–initiated health service organizations as being developed out of convictions that a gap exists in the range and quality of health services being offered in the community, and that this gap can be filled by the activities of the new organization. Over time, however, the informal, personalized, and flexible services of the new organization become formalized, bureaucratized, impersonal, and routine. In short, they become similar to the traditional organizations whose services the new organization hoped to improve. These assumptions were tested through 5–month participant observation of a community–initiated health service organization. A semistructured interview format was developed and administered to a nonrandom sample of members of 17 community–initiated health service organizations. Of all the 30 characteristics of the descriptive model, 19 were confirmed, suggesting the improbability of a new service organization deviating greatly from existing modes and structures over time. Attempts at incremental change rather than fundamentally radical revisions might afford more pragmatic and lasting changes. Suggestions are presented for further research on organizational careers and new service organizations. Tables, footnotes, and a bibliography are included, while appendices provide samples of materials used in the study. Submitted in partial fulfillment of the requirements for the degree of Doctor of Social Welfare, University of California, Berkeley.

226. Kushman, John E.
North Carolina Univ., Chapel Hill. Bureau of Applied Business and Economic Research.
Public Choice Model of Day Care Center Services.
1979, 14p
SHR-0004299 Pub. in Social Science Quarterly v60 n2 p295-308 Sep 79.

The purpose of this paper is to develop a useful model of publicly funded day care center services, to subject it to a limited test, and to illustrate its empirical interpretation. A model is drawn from the public choice literature to provide a useful framework for analyzing many important questions about the political economy of child care. Specifically, the model addresses the issue of "reciprocal externalities"—the benefits that parents confer on society by providing day care for their children and that public provision of care confers on parents. The model was made operational by specifying empirical counterparts for the variables. The data were then used to estimate equations describing the collective demand for government care and the private demand for care. The estimates provide

evidence on the assumptions and implications of the model. Ordinary–least–squares and an alternative maximum–likelihood method known as "Tobit" analysis were used. Estimates, based on the model, demonstrate a core of common behavior in a variety of programs which provide care through government centers. The estimates suggest that the proportion of children in the population, income, and Federal subsidies such as those under the Appalachian Regional Program have important influences on government center spaces. Further research is indicated, and the data should aggregate all public purchases and should separate parents' and taxpayers' incomes. Footnotes, tabular data, and references are given. A previous version of this paper was presented to the Southern Economic Association, New Orleans, November 3, 1977.

227. Lack, Sylvia A.
Hospice, Inc., New Haven, CT.
New Haven (1974): Characteristics of a Hospice Program of Care.
1978, 12p
SHR-0004154 Pub. in Death Education v2 n1-2 p41-52 1978.

Program characteristics essential to the delivery of effective hospice care are described, based on evaluation of a 3–year program conducted by Hospice, Inc., in New Haven, Conn. Begun in March 1974, the program was conducted on a contract with the National Cancer Institute. The program demonstrated that home care is greatly desired by many people. In addition, a service emphasizing quality of life rather than diagnosis and cure can be integrated into professional and lay concepts of health care. The evaluation study showed that the hospice service benefits patients and families alike and that these benefits are measurable. Results have also indicated that optimum hospice care can be delivered only when home care and inpatient beds are under the same central, autonomous hospice administration. Skilled control of physical, sociological, psychological, and spiritual symptoms and needs is also essential. Medical direction of the program is required both for the patient's physical and psychological well–being and to gain the acceptance of the medical community. Care must be provided by an interdisciplinary team, with services available 24 hours a day, 7 days a week, on an on–call basis. The patient and family must be regarded as the unit of care, with bereavement followup provided to family members. Also, volunteers must be an integral part of the interdisciplinary care team. Structured staff support and communications are essential. Moreover, patients should be accepted into the program on the basis of health needs, not the ability to pay. A reference list is provided.

228. Lamers, William M.
California Univ., San Francisco.
Marin County (1976): Development of Hospice of Marin.
1978, 10p
SHR-0004155 Pub. in Death Education v2 n1-2 p53-62 1978.

The development and characteristics of the Hospice of Marin in California are described. The Hospice of Marin, a nonprofit organization that examined the needs of the dying, began in 1974 as a result of efforts of a psychologist, a clergyman, and a homemaker. Licensure as a home health agency was obtained in early 1976. It was decided not to charge any fees for hospice care in order to demonstrate the concept's practicality without having to focus on reimbursement, and to have hospice care seen as a unique type of medical care delivery. Much education was needed to learn new methods of controlling pain and symptoms, to understand all aspects of death and their effects on dying persons and their families, and to learn more open methods of communication. The program was designed to make the patient and family the basic unit. Physician education and pain control were also emphasized. Care includes management of pain and symptoms, as well as family involvement. To maintain optimal staff at-

titudes, nurses' work schedules were reduced to 4 days a week, plus an occasional night or weekend call. Efforts are under way to improve followup contact with bereaved families. It is concluded that if hospice care is to be more than a passing fad in the U.S., efforts should focus on defining it and determining the best providers, methods of reimbursement, and methods of program certification. References are included.

229. Lauscher, Susan D.; and Klaus, Susan L.
George Washington Univ., Washington, DC. Social Research Group.
Child Abuse and Neglect Information Management Systems.
Sept 78., 30p
SHR-0004132 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-090-00044-5.

State–level approaches to the development and use of child abuse and neglect management information systems, central registers, and client tracking and case management are discussed. Management information systems are used by States to monitor individual workers and their caseloads, provide supervisors with an overall view of agency or program operation, and provide supervisors with a monthly summary of each worker's caseload and activities. They are also useful for deriving accountability data on worker time and other resources needed to meet Federal requirements, facilitating the provision of data on protective or social service case management to courts, and providing regional or statewide program statistics that aid in program development and resource allocation. States also find management information systems important in offering the capability to monitor and evaluate local service programs. States are using data in central registers to meet various information needs: management planning; assessment of danger to children; and assessment of child protective service functioning. Central register system procedures and requirements differ among States. Every State has guidelines for reporting, investigating, and providing treatment and services to children and families involved in incidents of child abuse and neglect. Each program requires some type of information system to help workers keep track of clients as they move through the system and to manage their caseloads. Some States use central registers in client tracking and case management functions; many States are able to track clients with their information systems. Problems and issues in child abuse and neglect management information systems concern the quality and quantity of input and legal problems (confidentiality of information and authorized access). Appendices note participants at a national conference on child protective services, a national data collection and trend analysis, and a review of State statutes on central registers of child abuse and neglect cases. Supporting tables and a bibliography are provided. Statutory citations regarding central registers and confidentiality are listed. A report from the National Conference on Data Aspects of Child Protective Services (2nd), held Jan. 31 through Feb. 2, 1978, Washington, DC.

230. LeGrand, Camille; and Leonard, Frances.
Civil Suits for Sexual Assault: Compensating Rape Victims.
1978, 35p
SHR-0004338 Pub. in Golden Gate Law Review v8 n2 p479-513 Spring 1978.

This article describes the extralegal considerations in deciding whether a sexual assault victim should bring a civil suit for damages against her attacker. Problems of evaluating the emotional and psychological elements and the economic feasibility of such a suit as well as the practical problems of proof are emphasized. The article also addresses the legal issues which may arise in the sexual assault suit, par-

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ticularly in California. The emotional and psychological factors are probably more important than any others in determining whether or not a civil suit for damages should be brought on behalf of a sexual assault victim. The very length of the civil process usually means involvement in the civil suit far past the completion of the criminal trial. However, the potential psychological difficulties for a victim involved in a civil suit may be outweighed by a number of psychological gains: a feeling of renewed control over her life; satisfaction in an effort to prevent other such attacks; release of vengeful and angry emotions; and restoration of faith in justice through the legal system. Although insurance coverage for general damages due to intentional torts committed by a policyholder seldom exists, the possibility of collecting a settlement or judgment is good enough to make many suits feasible, especially if proof problems are minimized by the existence of a conviction in the criminal process. The article concludes that such civil actions will help establish what the criminal justice system has so far failed to achieve: accountability of an assailant for a sexual assault. Reference notes are provided.

231. Leiby, James.
California Univ., Berkeley. School of Social Welfare.
History of Social Welfare and Social Work in the United States.
1978, 426p
SHR-0003998 Available from Columbia University Press, 562 W. 113th St., New York, NY 10025.

The vicissitudes of social welfare in America are traced from the decades before industrialization to the 1970's and viewed within the framework of social and intellectual history. The sponsors of early social welfare programs and their guiding philosophies and intended benefactions are described. The main themes are the development of "scientific philanthropy" from religious ideas about charity and secular notions of social science, and the ways proponents of this scientific view tried to apply it to effect problem solutions. Idealized concepts of the welfare state arose along with the difficult circumstances of industrial and urban life at the turn of the century, followed by disillusionment with political solutions in the 1920's. The significance of the Social Security Act amidst the great depression and New Deal efforts for recovery and reform are explained. Post–World War II ascendancy of Federal programs and initiatives gave rise to income maintenance programs such as social insurance and public assistance. These culminated in the policies of Johnson's War on Poverty, and subsequent public disillusionment. Professional identification in social work is considered in conclusion, since this theme of direct services provision by scientifically trained professionals runs parallel to the other developments described. References and guide to the literature, bibliography, and an index are included.

232. Lieberman, Florence.
Social Work With Children.
1979, 344p
SHR-0004163 Available from Human Sciences Press, 72 Fifth Ave., New York, NY 10011.

This text on social work with children is designed to provide social workers and related mental health professionals with basic knowledge needed for the understanding and care of children. Major developmental stages of childhood from infancy to adolescence are described from a personal, familial, and cultural perspective. Growth and physical development, play, peers, sex differences, cognitive ability, psychological growth, and sexuality are discussed. The nature of the family, family problems, family crises such as death and illness, and the family in society are described. Prevalent emotional, learning, and somatic disorders of childhood are dealt with. Subjects covered include depression, aggression, hyperactivity, underachievement, hypochondriasis, tics, eating disorders, disorders of elimination, sleep disorders, and others. Most effective methods

of treatment are presented. Specific guidelines for the actual clinical setting are provided and cover initial contact with children and their families, use of bio–psycho–social diagnosis in formulating a treatment plan, communication with clients, and termination of treatment. Case histories illustrating problems and methods of treatment, an extensive reference list, and an index are provided.

233. Luber, Raymond F.
Partial Hospitalization. A Current Perspective.
1979, 205p
SHR-0004260 Available from Plenum Press, 227 W. 17th St., New York, NY 10011.

This book emphasizes the importance of the community as the locus for the care of the psychiatric patient through the development of partial hospitalization. Following the passage of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, partial hospitalization experienced rapid growth. However, a confusing diversity of treatment approaches, ranging from highly structured to relatively unstructured program formats, evolved. The book addresses the question of treatment orientation, describes historical trends in the growth and expansion of partial hospitalization, presents some of the logical and conceptual advantages of the treatment modality, and defines important issues. The special treatment needs and conceptual considerations involved in dealing with two specific populations are described: the treatment of children and adolescents; and the treatment of the mentally retarded. Until recently, research in partial hospitalization was sparse, but renewed efforts have been made to expand the empirical base of partial hospitalization. In a comprehensive review of research in partial hospitalization, consideration is given to five separate areas of investigation and recommendations: pattern of utilization; program evaluation; comparisons of partial hospitalization with inpatient hospitalization; a contrast of behavioral and eclectic procedures; and a single–case approach. Finally, the future potential for partial hospitalization as a viable treatment is suggested. Tables, figures and chapter references are included. Approximately 30 references and author and subject indices are appended. (Author abstract modified). Applied Clinical Psychology Series.

234. Magrab, Phyllis R.; and Elder, Jerry O.
Planning for Services to Handicapped Persons: Community, Education, Health.
1979, 254p
SHR-0004115 Available from Paul H. Brookes Publishers, P.O. Box 10624, Baltimore, MD 21204.

This book focuses on planning for coordinated, comprehensive services to handicapped citizens to replace the present duplicative, fragmented, and often chaotic multiple service delivery systems. The book is intended for human service professionals involved in policy and program planning at the community, State, and national levels. Information is presented on getting the most effective, cost–efficient use from existing services, influencing planning for future services, achieving interagency collaboration and cooperation, and understanding relevant legislation and its effects on all aspects of service delivery. Individual chapters discuss issues involved in community service planning, educational planning, planning for the prevention of mental retardation, community health planning, health planning for handicapped persons in residential settings, and rehabilitation planning; proposals for coordination in each of these areas are presented. Also, several advocacy models, such as citizen advocates, case manager advocates, systems advocacy, and legal advocacy, are described. Next, issues involved in coordinating service delivery through the use of interdisciplinary teams and through interagency coordination are explored, and a cyclical model for the harmonious integration of four service delivery systems (community and

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social, medical and health care, and vocational and rehabilitative) is developed. Finally, a workbook section presents a concrete method for systematically collecting data to achieve a specific goal, together with sample forms and worksheets for use with the method. Footnotes, reference lists for each chapter, and an index are provided.

235. Maguire, Gail A.
Volunteer Program to Assist the Elderly to Remain in Home Settings.
1978, 4p
SHR-0004050 Pub. in American Jnl. of Occupational Therapy v33 n2 p98-101 Feb 1979.

A community–based volunteer program was designed to enable the elderly with physical limitations to remain in their home settings. The program, which was developed by a university, church parish, and community action committee, matched elderly clients with a volunteer who visited the client regularly. Volunteers assisted clients with transportation, home maintenance, and meal preparation when these services were not available. Referrals came from welfare and home health agencies, family, and friends. Volunteers, mostly students, were recruited in the Fall, primarily through the church. Volunteers reported regularly to their coordinators to ensure that the elderly were being seen. When a volunteer needed additional assistance, the coordinator assigned others to specific tasks. Only supportive services that did not duplicate existing services, that did not require professional expertise, and that did not encourage dependence on the program for vital necessities (such as daily meals) were provided. The principal value of the program was breaking the elderly clients' isolation and loneliness. Functioning since 1975, the program has assisted from 20 to 30 elderly each year. References are provided.

236. Magura, Stephen; and Claburn, W. Eugene.
Social and Rehabilitation Service, Washington, DC. Office of Planning, Research, and Evaluation.
Foster Care Case Review: A Critique of Concept and Method.
1978, 10p
SHR-0004129 Pub. in Jnl. of Social Welfare v5 n2 p25-34 Summer/Fall 1978.

Assumptions underlying formal case review systems in child welfare are examined, along with the effectiveness of some actual systems in improving case outcomes, and inherent limitations of review procedures are identified. Casework decisionmaking tends to be complex, subjective, and nonroutine, making it difficult for external reviewers to give valid assessments of case management quality. Moreover, the best available research has failed to demonstrate that the quality of case management is, in itself, a significant factor determining case outcomes or that widespread deficiencies in case management even exist. The current emphasis on case review as an innovative means for improving child welfare management fails to note the barriers to effective child placement which loom large in determining outcomes. Such barriers include parental childrearing incompetence, economic marginality of families, formidable legal obstacles restricting placement alternatives, poor employee selection and training, high caseloads, and insufficient service and placement resources. These obstacles, rather than case review procedures, should have priority in efforts to improve case outcomes. References are provided. (Author abstract modified).

237. Magura, Stephen.
Trend Analysis in Foster Care.
1979, 8p
SHR-0004231 Pub. in Social Work Research and Abstracts v15 n4 p29-36 Winter 1979.

This study investigated trends in family foster care in New Jersey from 1973 to 1978 to develop quantitative criteria for assessing the impact of the State's external case review system for children in placement. Data were obtained from computerized files of the State's Division of Youth and Family Services. Six consecutive annual cross-sectional populations of children in family foster care were compared to determine trends in the number of initial placements and in the average length of stay in placement. Projections for 1979 were developed in preparation for a comparison study assessing the impact of case review. Changes in the number of children entering family foster care could be attributed mainly to fluctuations in the number of adolescents placed; no trends over time were observed for younger children. When prior length of stay in care was held constant, the data showed small decreases between 1973 and 1978 in the percentage of children remaining in care for an additional year; 10 of 13 possible comparisons demonstrated a downward trend. The longer children had already been in care, the greater was the probability of their remaining in care for an additional year; this was true of each yearly period considered. The influence of age at entry on remaining in care was greatest for children in care under 1 year; children aged 4–10 at entry were more likely than other children to continue in placement. Tabular data, notes, and references are included. An earlier version of this article was presented at the Child Welfare League of America's Foster Care Review Conference, Atlantic City, NJ, 1979.

238. Mattera, Gloria.
Geneseo Migrant Center. Part I: The Migrants Come First. Part II: Other Benefits Follow.
1979, 6p
SHR-0003945 Pub. in Synergist p28-33 Winter 1980.

Instruction and services provided by the Migrant Center at the State University of New York College of Arts and Science in Geneseo are described. Through extensive involvement of students, faculty members, and the community, the center has become a national model for serving migrant farm worker families and an unofficial model for involving students in the learn–by–doing process. Economics, education, sociology, fine arts, library, computer skills, health education, special education, and modern languages training is provided. The center has developed courses and independent study programs for credited service–learning. Salaried service–learning is also provided, where the center matches students with jobs related to their major or special interest when possible. Salaried service–learning opportunities include child development centers, weekend programs, in–camp education programs, work–study programs, health programs, photography, and the ACTION program. Secondary service–learning is available to students so they can relate to the migrant population in a positive manner. The impact of the center on both students and migrants has been favorable. Notable accomplishments of the center program are delineated, and the center's impact on staff and the community is assessed. Photographs are included.

239. McKnight, C.; Walsh, M.; Gallery, M.; Stanton-Masten, L.; and Parvis, J.
Illinois Univ. at Chicago Circle. School of Urban Sciences.
Integrated Para-Transit Transportation Planning for Off-Peak Low Density Travel. Report 2. Elderly and Handicapped Transportation.
Sep 78, 114p
PB-295 465 Available NTIS PC $9.00/MF $3.50

This report is designed to aid in planning transportation for the elderly and handicapped. The report is designed as a comprehensive, preimplementation planning manual which will aid the planner in (1) identifying the transportation needs of the local elderly and handicapped population, (2) estimating demand and system costs and benefits, (3) identifying sources of funding, and (4) identifying and evaluating vari-

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ous service combination options. Some of the areas covered are Federal legislation, sources for funding, issues that will affect transportation planning, travel behavior, major transportation alternatives, and the coordination of existing transportation services provided by social service agencies. Also considered are the accessibility of existing bus or rail systems, a separate fixed route bus system, demand–responsive transit, and ride–sharing. Tables, charts, and graphs are provided, as well as a bibliography and survey instruments. (Author abstract modified).

240. Melekos, Isidore; and Gaffney, Paula.
South Carolina Office of the Governor, Columbia. Div. of Health and Human Services.
Doing for Themselves. An Evaluation Study of Title XX Community Group Services for the Elderly.
Jul 79, 68p
SHR-0003770 Available NTIS PC $7.00/MF $3.50

This report examines programmatic aspects of adult day care and companionship and therapeutic recreation services for low–income older citizens in South Carolina. Information was collected from interviews with the service agencies' directors, case managers, and a sample of the service recipients. Additional information was obtained from agency records and from statistics on nursing home admissions. Adult day care services were found to improve the elderly clients' quality of life by providing goal–oriented activities and skills improvement. Approximately 20 percent of the clients became able to function more independently as a result of the service. Most clients attended the centers for a period of two to three years; termination statistics indicated that such services succeeded in avoiding or delaying admission to nursing homes. Companionship and therapeutic recreation services received positive ratings from clients interviewed, but effectiveness measures were difficult to establish because of the great variety of programs and ambiguity of goals. Among general recommendations for future improvements were standardization of client eligibility criteria and better integration of State and local programming. County Councils on Aging were found to be the most efficient among types of agencies delivering community group social services to the elderly and should be given priority consideration in developing new adult day care and recreation programs. Appendices include interview guides used in the study.

241. Morrison, Peter A.
Rand Corp., Santa Monica, CA.
Future Demographic Context of the Health Care Delivery System.
Dec 79, 17p
SHR-0003988 Available NTIS PC $5.00/MF $3.50

Future U.S. demographic trends and their effects on both the demand for health services and the provision of health care are examined, based on Rand Corporation research supported by the National Institute of Child Health and Human Development. Research results indicated that three significant trends are likely. First, shifts in age distribution will give greater prominence to the health needs of the elderly; the population aged 65 and older will increase from the present 11 percent to between 18 and 23 percent by the year 2035. Second, changing settlement patterns will shift some of the geography of demand away from large population centers to places where specialty medicine is less readily available, and from large metropolitan centers to smaller centers, exurbs, and rural areas. Finally, the increasing concentration of the disadvantaged and the undocumented in large central cities will tend to strain the health care delivery system in those areas. These shifts imply both the necessity of choices between strictly medical responses and social responses to the growth of chronic and disabling conditions and an increasing pressure for Federal involvement in health care of disadvantaged city

dwellers and undocumented persons. This report is a revised and expanded version of a September 1979 Congressional staff briefing.

242. Munson, Carlton E.
Social Work Supervision. Classic Statements and Critical Issues.
1979, 394p
SHR-0004010 Available from Macmillan Publishing Co., Riverside, NJ 08075.

Readings survey the historical and current conceptions of social work supervision. Oriented to the supervision of practitioners in practical settings, the compilation covers historical perspectives, essential knowledge and skills, structural characteristics, organizational authority and professional autonomy, research, and future trends. Teaching and administration have traditionally been viewed as the basic functions of supervision. Help or support was added as a third function with the development of a therapeutic orientation to certain practice areas. Writings have generally suggested methods for performing supervisory functions or have addressed problems, issues, and dilemmas involved in the supervision of professionals. Supervisory authority is a theme throughout the literature, cutting across all three of the supervisory functions. No resolution of the authority–versus–autonomy dilemma has emerged. The earliest definitions of supervision dealt with managing agencies as helping institutions. When training for social work developed in the late 1800's, and the concept of the professional social worker was established, individualized supervision was viewed in terms of the roles and tasks of the supervisor and the worker. Educators in this era taught psychological theory as the instrument for effecting supervision of the caseworker. Since the 1950's, the trend in supervision has been from psychological to sociological theory. Supervision has been conceptualized in terms of roles, positions, statuses, and interactions within organizations, rather than in relation to individuals. This has further frustrated the desire of social workers to attain a high degree of professional autonomy. Licensing laws, practice specialization, differentiation of practice levels, continuing education, revisions in social work education, unionization, and professional standards review are recent developments having implications for supervision. A bibliography and index are provided. (Author abstract modified).

243. Nagi, Saad Z.
Child Maltreatment in the United States. A Challenge to Social Institutions.
1977, 162p
SHR-0004013 Available from Columbia University Press, 136 S. Broadway, Irvington-on-Hudson, NY 10533.

A national survey of the structure and performance of child abuse and neglect programs is the basis of an examination of issues surrounding child maltreatment and the organizational response to the problem. Interviews were completed with 1,696 persons in 1,760 organizations, including child protective services, public health nursing agencies, school systems, hospitals, juvenile and family courts, and police departments. The organizations were selected on the basis of a probability sample of the United States population. In addition, indepth interviews were conducted in a number of communities with judges, physicians, police officers, social workers, public health nurses, and others in organizations encountering child abuse and neglect. Researchers also attended court sessions and toured pediatric wards and other facilities. Based on the results of these efforts, the study report examines the rights of children and parents, the status of knowledge and technology in the field of child abuse, the relative merits of punitive and therapeutic approaches, and the domains of organizations and professions involved in combatting child maltreatment. Various estimates of the prevalence of child abuse and neglect are compared, and an alternative approach is suggested for obtaining

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confirmable estimates within the constraints of existing statutes and organizational practices. Elements of an epidemiological theory of child maltreatment are outlined. Problems encountered in attempting to deal with child maltreatment (case identification, response to reports of abuse and neglect, provision of services, custody and placement, program coordination and improvement) are analyzed. An optimal child abuse and neglect program is outlined, and the status of existing programs is assessed. Recommendations for improving the organizational response to child maltreatment touch on specific program components, coordination at the community level, the fundamental problems besetting the institution of the family, and the Federal role. Supporting data are included. (Author abstract modified).

244. National Association of Coordinators of State Programs for the Mentally Retarded, Inc., Arlington, VA.
Key Federal Regulations Affecting the Handicapped 1975-76.
Sep 77, 74p
SHR-0003920 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-090-00031-3.

The most salient Federal regulations (issued between January 1 and December 31, 1976) with the broadest implications for the handicapped are reviewed in the areas of health, education, social services, employment, rights, vocational rehabilitation, social security and supplemental security income, housing, child nutrition, transportation, and developmental disabilities. Regulations considered in the area of health deal with the issues of long–term care, home health services, health planning, and facilities construction. Physical therapy and speech pathology benefits under Medicare, community mental health centers, and maternal and child health and crippled children's services, are considered. Handicapped education grants to the States, early childhood education, regional education programs, aid to State–operated and supported schools, personnel training, career education, impact aid, Head Start performance standards, and adult education are the areas treated under education regulations. Regulations regarding the rights of the handicapped treat antidiscrimination rules, affirmative action, and architectural barriers. Basic program regulations, evaluation standards, and vending facilities for the blind are reviewed under vocational rehabilitation. Miscellaneous regulations discussed deal with the foster grandparent program, hearing aids, regulatory reform, and lead–based paint. Brief discussion on the purpose and effects of the regulation are provided. Citations to the Code of Federal Regulations are included.

245. National Clearinghouse on Aging, Washington, DC.
Human Resources Issues in the Field of Aging. Homemaker-Home Health Aide Services.
1976, 39p
SHR-0003923 Available NTIS PC $6.00/MF $3.50

This Bureau of Labor Statistics report of a study for the Commission on Aging is concerned with homemaker–home health aide services providing practical housekeeping and personal care to incapacitated clients in their homes. Focusing on issues directly affecting employment requirements and supply, the report is divided into two parts. First, an analysis of the agencies that provide homemaker–home health aide services describes the services they provide, the clients they serve, and their organizational structure and staffing patterns. In addition, the agencies' historical developments are briefly outlined and the sources of payment for their services are discussed. Second, attention is focused on the homemaker–home health aides, their characteristics, historical and current employment levels, and projected requirements and annual openings. Exploration of supply is-

sues includes sources of new entrants and occupational transfers. Explanations are given of why persons become homemaker–home health aides, why some leave the occupation, and how they are recruited and trained. The future outlook for aides is analyzed and actions suggested to ensure a sufficient supply. Among the highlighted findings of the study is the projection that requirements for homemaker–home health aides are expected to grow from an estimated 60,000 in 1975 to 198,000 in 1990. Annual openings between 1980 and 1985 are expected to number 41,600. The projected openings resulting from transfers out of the profession far outnumber those resulting from growth, due to depressing working conditions and low wages. Nevertheless, the occupation was found to be attractive by many for reasons of personal satisfaction, the part–time nature of the work, and the familiarity of job tasks. The supply of applicants is expected to decrease in the 1980's, when programs will have to actively recruit and educate homemaker–home health aides. Extensive tables and charts are provided. The appendix contains methods for projections of employment requirements, and additional charts. AoA Occasional Papers in Gerontology #2.

246. National Council for Homemaker-Home Health Aide Services, Inc., New York.
Introduction to Financial Management for Homemaker-Home Health Aide Agencies.
1978, 57p
SHR-0004161 Available from National Council for Homemaker-Home Health Aide Services, Inc., 67 Irving Place, New York, NY 10003.

This manual introduces the principles of sound financial management for homemaker and home health aide services and for related agencies in the health and social services network. Key elements for sound financial management include financial control over agency operations, financial records and information systems, financial control over assets, and organization. Tools required to make financial decisions relating to costs, reimbursement, and operating activities include the annual budget, management reports, and financial statements. Basic financial records each agency should have are described, together with methods for controlling them. Organizing for financial management should include preparing an agency organization chart, preparing descriptions of key job positions, and staffing the finance function. Regular review of financial management effectiveness should be conducted by reviewing financial services, systems, and records. A glossary of accounting terms, a reference list, and exhibits presenting a typical budget form, examples of financial objectives, cash forecast summary form, financial statements, management and posting processes, and other materials are included.

247. National Federation of the Blind, Baltimore, MD.
Blind and Physically Handicapped in Competitive Employment: A Guide to Compliance.
1979, 24p
SHR-0003916 Available from National Federation of the Blind, 1800 Johnson Street, Baltimore,, MD 21230.

Trends in social policy and public attitudes regarding employment of the physically handicapped are discussed, followed by a consideration of relevant Federal legislation and what is required for compliance. In the 1970's, inroads were made in challenging traditional stereotyping of the employability limitations of the physically handicapped. Federal legislation has done much to open up more employment opportunities. The legislation that most directly affects the employment of the handicapped is Title V of the Rehabilitation Act of 1973, as amended. One section of Title V establishes an Interagency Committee on Handicapped Em-

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ployees within the Federal Government. This committee provides a focus for Federal employment of the handicapped. A second section establishes the Architectural and Transportation Barriers Compliance Board, which has broad responsibility regarding architectural, transportation, and attitudinai barriers to the handicapped in public buildings, transportation, and housing. The last two sections of Title V, which are given the most attention in this presentation, provide that any enterprise receiving a Government contract shall develop an affirmative action initiative to employ the handicapped, and further, that any program or activity receiving Federal funding shall not deny benefits or access to any persons solely because of their handicap. Practical aspects of compliance with Title V, particularly the requirement of full access of all handicapped persons to the benefits of federally funded programs, are discussed.

248. National Rehabilitation Information Center, Washington, DC.
Proceedings of the Rehabilitation Information Network Conference: June 8/9, 1978.
Jun 78, 254p
SHR-0004226 Available from National Rehabilitation Information Center, The Catholic University of America, Washington, DC 20064.

This book presents the texts of the major addresses and presentations from the 1978 Rehabilitation Information Network Conference held in Washington, D.C., as well as a preliminary directory of rehabilitation information resources. The conference's main goal was to develop a rehabilitation information network in order to make better use of information activities funded by the Rehabilitation Services Administration (RSA) of the Department of Health, Education, and Welfare. An additional goal was to explore ways to establish a broader information network to provide better information services to disabled individuals and to rehabilitation professionals. Conference participants included RSA-funded information providers and information specialists in the State vocational rehabilitation agencies. Topics discussed included the need for a network, networking concepts and terminology, and representative information activities of future network members. The listing of rehabilitation information resources, based on participants' summaries of their organizations' activities and services, is intended to be the initial basis for a directory of rehabilitation resources. Addresses of each organization, an index, illustrations, and appendices presenting conference resolution, agenda, attendees, and a concept paper are included.

249. Nayman, Louis; and Witkin, Stanley L.
Parent / Child Foster Placement: An Alternate Approach in Child Abuse and Neglect.
1978, 10p
SHR-0003902 Pub. in Child Welfare v57 n4 p249-258 Apr 78.

The question of when a parent is ready for the return of a child from foster care is especially difficult in cases of abuse and neglect, as separation significantly alters the role relationship between parent and child. Because assessing parental change and providing services to a parent not functioning in a parental role poses a difficult problem, this article proposes an alternatives strategy to separation in certain cases of abuse and neglect: parent / child foster placement (P / CFP). P / CFP provides a sheltered family environment in which parental functioning can be strengthened. Following a review of related approaches, P / CFP is illustrated by the case study that precipitated the development of P / CFP. A 4-year-old boy was placed in foster care by a child protective services worker from the Tompkins County Department of Social Services (New York) after the death by battering of a younger sister. The mother had passively accepted the husband's authority over the children. Following the stepfather's arrest, subsequent escape, and death, and 6 months

after the boy's initial placement, it was decided that the mother and boy should be placed together in a foster home to facilitate monitoring the mother's parental abilities. The mother and son lived in an apartment on the second floor of the foster home. Through consistent support, practical advice, and day–to–day modeling, the foster parents helped the mother define her role as a parent; in 6 months, she had improved her parental, household, and life management skills, and she had found successful employment. Her weekly formal instruction in reading and using numbers also was reinforced by the foster parents. The family court judge returned legal custody of the boy to his mother seven months after placement, with stipulations that mother and son remain in placement until the case team agreed on a specific independent living situation for them, and that the mother continue to accept supervision by child protection services for a year thereafter. Further study is needed concerning the treatment implications of P / CFP, including potential beneficiaries such as two–parent families and their children and single women during and after pregnancy, cost / benefit comparisons between this method and other treatment modalities, and long–term followup studies. Notes and references are provided.

250. Newman, John C.; and Ryder, Rita M.
Evaluating Administrative Performance.
1978, 7p
SHR-0004063 Pub. in Public Welfare v36 n4 p45-51 Fall 78.

Use of an outcomes approach to evaluate administrative performance in the Aid to Families with Dependent Children (AFDC) program is described; applications of this approach to other human services programs are suggested. Goals of the evaluation were to provide a balanced view of the program and to enable managers to identify and strengthen areas of administrative weakness. Past research on AFDC administration has focused on the evaluation of alternative ways of conducting a narrowly defined practice or process. Although valuable, this approach can create a myopic approach to administration. Similarly, recent attention to quality control has dealt with only one of several major aspects of administration. In contrast, focusing on outcomes clearly requires a statement of administrative goals and a method for measuring their achievement. AFDC goals were defined as quality service delivery, accurate program implementation, and cost–efficient administration. Subgoals for each goal and indicators to measure agency performance in each subgoal area were also defined. Analysis of administrative outcomes and contributing factors proved to be an effective technique for measuring administrative performance and identifying policies and practices related to strong and weak performance. Results showed dramatic differences among six selected sites in quality of service delivery, assistance to applicants, promptness, privacy of interviewing facilities, and procedural demands on clients. The most important reason for these differences was the presence or absence of procedures for preventing errors. The outcomes approach is effective because (1) it measures efficiency in terms of achieved results, (2) it provides a basis for assessing local agency performance based on comparison among sites, (3) it provides a basis for identifying specific practices to be promoted or abandoned, and (4) it shows tradeoffs among goals. Tabular data are included.

251. Obenland, Robert James; and Blumenthal, Morton J.
New England Non-Profit Housing Development Corp., Concord, NH.
Guide to the Design and Development of Housing for the Elderly.
1978, 88p
SHR-0004023 Available from New England Non-Profit Housing Development Corp., 28 S. Main St., Concord, NH 03301.

251.

This manual is designed as a basic primer in the development of nonprofit housing for the elderly to help sponsors identify some development options and define their housing goals. An overview of the nonprofit housing development process is presented including its nine elements: (1) a demonstrated need and housing demand by a particular client group; (2) a motivated nonprofit sponsor; (3) suitable land and location; (4) an appropriate mortgage program; (5) favorable political climate and local support; (6) capable management; (7) supportive community services; (8) resourceful and experienced professional help; and (9) a definite project proposal. Topics discussed are housing needs of the elderly, housing demand, social services and their impact on housing, housing concepts, management, funding sources, and basic elements of site analysis. For each topic, basic issues, problems, and options are discussed. The nonprofit sponsor or developer must decide what character and style of housing is available and make choices to support that philosophical decision. Questionnaires, tables, forms, checklists, and a photograph are included.

252. Orso, Camille L.
Delivering Ambulatory Health Care: The Successful Experience of An Urban Neighborhood Health Center.
1978, 16p
SHR-0004145 Pub. in Medical Care v17 n2 p111-126 Feb 79.

The article describes an urban neighborhood health center (NHC) which has achieved considerable success in delivering health care to a low-income community at a moderate cost at a time when the NHC concept has been criticized and funding curtailed. The Bunker Hill Health Center (BHHC) was opened in 1968 by Massachusetts General Hospital in the Charlestown neighborhood of Boston and has been funded from several sources, including patient fees and Federal grants. This study examined the following elements to determine if BHHC could be a viable model for delivering health care to the poor: utilization of services offered; characteristics of patients; the impact of insurance coverage, age, sex, and diagnosis on utilization and costs of care. During 1975, data were collected from all patients who visited all center departments except dental services. Over half of all community residents and three-quarters of the children and adolescents were active users of the center. Most patients were from low-income families and had established long-term relationships with the staff. Average visits per patient varied with age, sex, diagnosis, and insurance coverage. Center physicians functioned primarily as general practitioners, delivering preventive services, treating minor injuries, self-limiting diseases, and chronic illnesses. The development of a preventive care program was inhibited by third-party reimbursement policies and the low priority most patients placed on preventive care. The average cost of health care other than mental health services was approximately $20 per visit and $74 per patient per year. Relevant comparative data from other NHC's and private health providers also are presented. Tables and references are provided. (Author abstract modified).

253. Parry, Joan K.; and Young, Arthur K.
Family As a System in Hospital-Based Social Work.
1978, 17p
SHR-0004170 Pub. in Health and Social Work v3 n2 p54-70 May 78.

A new orientation is necessary for hospital-based social workers—one that does not treat the family essentially as an adjunct of the hospitalized, disabled member, but deals with the family as an ongoing system that happens to contain a disabled member. Each family has one or more intrinsic weaknesses that, given a particular triggering event or circumstance, can lead to serious family dysfunction. Injury or disabling of a member can be this event. Therapists working for short terms with families that have excessive trouble handling their medical-social-familial problems should use an approach that is based on three core concepts.

These are that (1) the family is a regularly interacting, interdependent group that forms a unified whole (a system); (2) that consanguinity and cohabitation are the key dimensions in family systems; and (3) that the interaction of the normal patterns of a family's life with chance misfortunes is the central source of dysfunction. Assessing the nature of the systemic dysfunction permits the making of decisions about treatment. Suggested treatment guidelines for social workers include using a method of entering the family system that is related to the assessment of the family as a system and to the degree to which it is an open or closed system. Generally a crisis tends to make open families more accessible to outside intervention when families lack the internal resources with which to accomplish their goals. Recourse to larger systems should be considered to some extent, even in brief contacts. Some restructuring of the family system can be accomplished in terminating family therapy, and family session(s) should be devoted to a summation of what family members have learned. Notes and references are provided.

254. Patti, Rino; and Rauch, Ronald.
Washington Univ., Seattle.
Social Work Administration Graduates in the Job Market: An Analysis of Managers' Hiring Preferences.
1978, 17p
SHR-0004058 Pub. in Social Service Review v52 n4 p567-583 Dec 78.

A national survey of 300 directors of large urban county welfare departments was designed to determine what they consider suitable preparation for management positions at lower and middle levels. Data were obtained through a questionnaire which asked repondents to indicate their preferences for hiring job applicants with distinctive educational and experiential profiles. Findings suggest that at lower–management levels, agencies are looking for persons with direct–practice experience, a detailed knowledge of the program, and supervisory skills. At middle–management levels, employers apparently attach greater weight to the conceptual and analytical skills required for tasks such as planning, decisionmaking, and evaluation. These selection criteria should direct schools of social work to consider developing emphases in administration curricula which will prepare some students for supervisory management and others for program management. While the content of these emphases will overlap, specialized courses and practical experiences should prepare students for performance at particular management levels. In two of the job–hiring scenarios—social service supervisor and social service delivery coordinator—there were no clearly dominant preference patterns. Tabular data and notes are provided.

255. Pendergast, Althea.
Human Service Providers Association of Arkansas, Inc., Little Rock.
Sexual Abuse of Adolescents: A Problem to Attack.
1979, 9p
SHR-0003993 Available from Human Service Providers Association of Arkansas, Inc., 5312 West Markham, Little Rock, AR 72205.

The scope, nature, and impact of sexual abuse of adolescents in the U.S. are discussed. The National Center of Child Abuse claims that 12 percent of the more than one million reported child abuse cases in 1976 were sexual abuse. One agency reported that almost one–quarter of sexual assault victims were 13 years old or under. In Arkansas, there were 243 reports of sexual abuse of children in 1977, and 226 reports in the first six months of 1978. An estimated 40 percent of all sexual assaults against girls are committed by relatives. Much abuse goes on for years before being reported. The father is the most frequent aggressor. Mothers often ignore or contribute to the problem. Families in which incest occurs often have other problems such as alcoholism and poor sexual relationships between parents. About 25 to 50 percent of rape

victims are adolescents. Many teenage girls are raped by their peers. Children's reactions to sexual abuse may include sleep difficulties, emotional and social withdrawal, physical symptoms, alcohol or drug abuse, extreme sexual behavior, or self–destructive behavior. Sexually abused victims may become abusive adults. Several studies indicate that prostitution may be linked to earlier sexual abuse. Other studies indicate that drug or alcohol abuse become escapes from the feelings of guilt, frustration, fear, and anger resulting from sexual abuse. To stop sexual abuse of children, it is first necessary to acknowledge the problem. Next, efforts to identify and counsel victims and families are needed. A bibliography is included.

256. Pollitt, Anthony.
Bureau of Health Manpower, Hyattsville, MD. Manpower Supply and Utilization Branch.
Social and Psychological Characteristics in Medical Specialty and Geographic Decisions.
1978, 43p
SHR-0004119 Available from Bureau of Health Manpower, HRA, Room 4-41, 3700 East-West Highway, Hyattsville, MD 20782.

Literature on medical career decisions was reviewed to show the current state of knowledge on the relationship between individuals' sociodemographic and personal characteristics and their choices of medical specialty and geographic location of work. Understanding of this relationship would enable medical schools to choose applicants most likely to meet society's health care needs. Only partial understanding exists about relevant differences among medical school applicants and the best ways of measuring their characteristics. Although generalizations are possible, definitive predictions of individuals' career decisions do not exist and may never be developed. Study results are generally inconclusive due to the narrow conceptual focus and eclectic methodologies of research. In order to have enough information for policy decisions, measures differentiating individuals must be refined and integrated with analyses of the socialization process in medical schools and of physicians' behavior in actual practice. Factors considered should include life history, demographic characteristics, cognitive factors, personality factors, environmental pressures before and during medical school, and during internship and residency, and features of practice settings. Research that tries to identify subgroup clusters of larger groups of characteristics may be useful in predicting career decisions and indicating possible intervention strategies to influence choices. The Health Resource Administration's Division of Medicine is currently sponsoring research to bridge the current information gap. A reference list is provided. GMENAC Staff Paper Number 4. This is a revised version of the paper which was presented to the Committee in November, 1977.

257. Prichard, Elizabeth R.; Collard, Jean; Orcutt, Ben A.; Kutscher, Austin H.; and Seeland, Irene.
Social Work With the Dying Patient and the Family.
1977, 350p
SHR-0004103 Available from Columbia Univ. Press, 136 S. Broadway, Irvington-on-Hudson, NY 10533.

This compilation of articles is devoted to social workers' thanatological responsibilities and evaluates the profession's role in meeting the needs of the terminally ill and in counseling families affected by death and unresolved grief. The expression of grief in American society is discussed as an essentially solitary experience to which social workers must bring tact, as well as supportive attitudes and concrete services. Several articles discuss stress in family interaction when a member is dying and evaluate the option of family care in terminal illness. The nature of grief is explored through clinical observations of bereaved individuals, and guidelines for social worker intervention are suggested to

help families cope with anticipatory grief. Facing death in childhood, adolescence, middle age, and old age are treated individually. Interdisciplinary resources in the community are discussed with reference to nursing homes, clergymen, and potentials for thanatological community program development. Articles dealing with therapeutic approaches and concepts describe group therapy for terminal cancer patients, and ways for the bereaved to express themselves. Euthanasia is raised as an issue requiring future empirical research and eventual policy decisions at a time when people are demanding to be involved in decisions affecting their deaths. A final theme is that thanatological considerations must be incorporated into social work curricula, that social work students must be helped to awareness of their own reactions to death, and that self–scrutiny is a preface to the development of professional insights in the realm of thanatology. One educational method describes the teaching experience of a dying professor as death educator. Tabular data is included, and references are cited with each article. An index and list of contributors is provided.

258. Redden, Martha Ross; Levering, Cricket; and DiQuinzio, Diane.
American Association of Collegiate Registrars and Admissions Officers, Washington, DC.
Recruitment, Admissions, and Handicapped Students. A Guide for Compliance with Section 504 of the Rehabilitation Act of 1973.
Apr 78, 49p
SHR-0003924 Available from James D. Bennett, Director, Technical Assistance Unit, Office of Program Review and Assistance, Office of Civil Rights, 330 Independence Ave., SW, Washington, DC 20201.

Guidelines for colleges and universities are offered to facilitate the recruitment and admission of handicapped students under the Rehabilitation Act of 1973 (Section 504). A model admissions policy task force was established by the American Association of Collegiate Registrars and Admissions Officers to focus on how Section 504 works. To comply with the act, which bars discrimination based on a handicap, postsecondary educational institutions must scrutinize and, in many cases, revise their policies toward handicapped persons. Eight aspects of the admissions process are examined in light of Section 504: recruitment; publications; application forms, interviews, and recommendations; testing; financial aid; orientation; registration; and grievance procedures. The handbook presents a detailed description of how the act applies, as well as a checklist of imperatives and suggested activities to assist recruitment and admissions personnel in reviewing institutional policies and practices regarding handicapped applicants. Appendices list national organizations for handicapped persons, State administrators of vocational rehabilitation programs, and additional clearinghouses and information sources.

259. Research Group, Inc., Atlanta, GA.
Recipient's Rights: How They Should Be Protected in Michigan.
Dec 79, 48p
SHR-0004356 Available from Research Group, Inc., 1230 Healey Bldg., 57 Forsyth St., NW, Atlanta, GA 30303.

This report represents one of a series resulting from a project to assist the Michigan State Government to develop an efficient, effective, and humane system for the protection of recipients' rights. The project was designed to review all systems for the protection of recipients of human services provided by the following seven Michigan State agencies: Department of Mental Health, Department of Social Services, Department of Corrections, Department of Public Health, Department of Education, Department of Labor, and the Department of Management and Budget. A total of 40 rights systems or advocacy mechanisms were identified and docu-

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mented in the Phase I report. The second phase of the study involved a conceptual framework, recommendations for improvements to existing institutional and community rights systems, characteristics of recipient rights systems, alternative models and recommended structure, and department directors response to the report. Tables are provided. (Author abstract modified). See also related document, SHR-0004357.

260. Research Group, Inc., Atlanta, GA.
Recipients' Rights: How They Should Be Protected in Michigan. Examination of Alternative Models for the Protection of the Rights of Recipients of Human Services in Michigan.
Dec 79, 144p
SHR-0004357 Available from Research Group, Inc., 1230 Healey Bldg., 57 Forsyth St., NW, Atlanta, GA 30303.

This report represents one of a series developed during a project to assist the Michigan State government to develop an efficient, effective, and humane system for the protection of recipients' rights. The project was designed to review all systems for the protection of recipients of human services provided by the following seven Michigan State agencies: Department of Mental Health, Department of Social Services, Department of Corrections, Department of Public Health, Department of Education, Department of Labor, and the Department of Management and Budget. A total of 40 rights systems or advocacy mechanisms were identified and documented in the Phase I report. The second phase of the study involved conceptual definitions, characteristics of recipient rights systems, and alternative organizational structures. Recommendations for improvements to existing institutional rights systems and the directors' responses were also contained in the report. Tables and footnotes are provided, and an appendix presents an analysis of the community rights system in Michigan. (Author abstract modified). See also related document, SHR-0004356.

261. Rutman, Leonard.
Planning Useful Evaluations. Evaluability Assessment.
1980, 207p
SHR-0004028 Available from Sage Publications Inc., 275 South Beverly Drive, Beverly Hills, CA 90210.

An evaluation approach is described whereby evaluators, program managers, and policymakers, previous to evaluation, collaborate to develop realistic measurable program objectives and appropriate program performance indicators and to decide on the intended uses of data collected. The approach, called "evaluability assessment," includes an analysis of the program's logic to indicate the extent to which there is agreement on expectations (events and causal links), measures for the expected events, and intended uses of information on program performance. It also includes an analysis of program operations to determine the extent to which expected events are plausible and measurable, and identification of program design options: policy; management; and evaluation. Overall, evaluability assessment reveals what it would take to produce a program that would be demonstrably effective in achieving measurable progress toward specific objectives. "Evaluability assessment" is necessary to eliminate the wasting of resources on poorly designed and conceived programs which preclude evaluation because of the impossibility of measuring outcomes. Notes, references, and a bibliography are provided. Volume 96 of the Sage Library of Social Research.

262. Sager, Alan.
Florence Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA. Levinson Policy Inst.
Learning the Home Care Needs of the Elderly: Patient, Family and Professional Views of an Alternative to Institutionalization.

20 Nov 79, 464p
SHR-0003944 Available from the Levinson Policy Inst., Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis Univ., Waltham, MA 02254.

Samples of 50 patients about to enter Massachusetts nursing homes, of their families, and of health care providers were used to analyze views of patients, families, and various professionals concerning home care needs. Many hypothetical estimates of the cost of an in–home alternative of equal or greater effectiveness to nursing home care were compared with costs of institutional care actually provided. Results showed that costs of home care depended on the hypothetical care plans written and especially on the types, quantities, and providers chosen by home–care–plan designers. An important issue was whether professionals, patients, or patients' families should control the allocation of in–home services. Findings indicated that all three groups agreed on the average care needs, but disagreed in individual cases. Patients and families requested less paid help than professionals thought necessary. Although care in both long–term settings is expensive, about half the patient sample could be cared for at home with no increase in total spending. Professionals expected patients to live longer at home and preferred home care as the hospital discharge. Professional role had little relation to recommend home care. Professional agreement was strongest for technical care components and was weaker for household and personal care services. The moderate requests by patients for services, combined with relatively weak professional agreement in nontechnical areas, suggests opportunities for cooperative care planning among patients, families, and professionals. Tables, footnotes which include references, a bibliography, and appendices presenting study instruments and results are included. Final Report on 'Approaches to Determining the Cost of a Home Alternative to Nursing Home Care: The Diversion Strategy.'

263. Salcido, Ramon M.
Problems of the Mexican-American Elderly in an Urban Setting.
1979, 8p
SHR-0003997 Pub. in Social Casework v60 n10 p609-615 Dec 79.

Problems of the Mexican–American elderly in an urban setting were examined by means of structured interviews with 50 men and 50 women randomly selected from the Older Residents Screening Program, an outreach program operated by the East Los Angeles Health Task Force (California). Goals of the study were to (1) obtain information on the socioeconomic conditions among the Mexican–American elderly, (2) learn where they seek assistance for their health care needs, (3) discover how they perceive their problems of aging, and (4) explore areas such as unmet social needs. The mean age of the subjects was 68.2, and nearly all were parents, with an average of three children. Most had come to the U.S. from Mexico, received their main income from Social Security, and considered their health condition "fair"; 32 percent felt they were in poor physical condition; 80 percent had doctors; and 15 and 5 percent used relatives and neighbors, respectively, for serious health problems. This contradicts other studies that identify relatives and folk medicine as Mexican–Americans' primary health care sources. For minor health problems, 80 percent used herbal teas, while 20 percent used aspirin and other over–the–counter remedies. Nearly all (95 percent) stated that they did not use services of a curandero (folk healer). Data indicate that although many Mexican–American elderly have health problems, they function normally, use services when accessible, and use doctors or clinics for major problems. Case studies illustrate that these elderly list health, money, and loneliness as their most serious problems. Results show that their problems are not unique, that the language barrier remains a source of prejudice, and that direct outreach programs are effective in informing them about existing facilities. More such programs and bilingual and bicultural professionals are needed. Elimination

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of the threat of deportation would also aid these elderly. Footnotes are included.

264. Salcido, Ramon M.
Undocumented Aliens: A Study of Mexican Families.
1979, 6p
SHR-0003998 Pub. in Social Work v24 n4 p306-311 Jul 79.

This descriptive exploratory study of documented and undocumented (illegal) Mexican aliens in the Los Angeles area was designed to determine the relative degrees of stress they experience, the use of community services by the two groups, and the motivation of undocumented aliens for emigrating from Mexico. Structured interviews were conducted with 25 legal alien mothers and 25 undocumented alien mothers selected from case files of an agency that provides free legal counseling to aliens. Documented aliens were older, more educated, and better paid than undocumented aliens. The Health Opinion Survey showed that, of the documented immigrants, 20 percent had a high level of psychological stress; 32 percent, a medium level; and 48 percent, a low level. In contrast, 52 percent of the undocumented aliens had a high stress level; 28 percent, a medium level; and 20 percent a low level.Documented aliens were significantly more familiar with the welfare office and the unemployment office than were undocumented individuals, but the two groups were equally familiar with the social security office. Documented aliens used all three services significantly more frequently, however, than did undocumented aliens. The main reason for emigrating was to escape poverty and to obtain employment. It is recommended that: (1) an international social welfare program be initiated to lessen the gap between Mexico and the U.S. and relieve resulting pressures for emigration; (2) amnesty be granted to undocumented aliens currently in the U.S.; (3) undocumented families with children be made eligible for Aid to Families with Dependent Children; (4) social work services be offered to undocumented aliens; and (5) social workers act as advocates for undocumented families. Tables and notes are included.

265. Sarason, Seymour B.; and Lorentz, Elizabeth.
Yale Univ., New Haven, CT.
Challenge of the Resource Exchange Network.
Feb 79, 283p
SHR-0004064 Available from Jossey-Bass, Inc., 433 California St., San Francisco, CA 94104.

A resource exchange network is discussed as an innovation for providing more cost–effective human services. A resource exchange network is an informal association of representatives from various organizations (schools, colleges, welfare agencies, hospitals, counseling agencies, businesses, etc.) which voluntarily exchange knowledge, services, products, personnel, and other resources to accomplish a common goal. Exchanges are made barter–style. Step–by–step procedures for overcoming obstacles to network development and operation are described in this text, supplemented by case examples. The emergence of a resource network is illustrated and the role and essential leadership characteristics of the network coordinator are examined. Opportunities for network growth are also identified. Ways are suggested to prevent the wasting of personnel potential, a practice which frequently results from professionalism and job specialization. The destructive aspects of competition among human service agencies for Federal funds are delineated, and the achievement of service coordination through resource exchange is proposed as an alternative. An outline is provided for the introduction of the resource exchange rationale into government organizations. References and an index are provided. (Author abstract modified). One of the Jossey-Bass Social and Behavioral Science Series.

266. Savitz, David; and Mauss, Evelyn A.
Community Health Project in Ten-Year Perspective.
1977, 11p
SHR-0004070 Pub. in Public Health Reports v92 n6 p570-572 574-581 Nov-Dec 77.

The Amelia County Health Project (Virginia) is described and evaluated in the context of conditions in the county ten years later. The program was conducted in the summer of 1965 as an example of a volunteer–staffed project serving a disadvantaged group and relating to broader community action objectives. Operated by the Washington, D.C., chapter of the Medical Committee for Human Rights (MCHR), the program included community health education, a survey of health practices and needs, and a screening clinic. Broader MCHR goals were to aid in the struggle for human rights for blacks. Amelia County had extremely limited health care services, as well as a predominantly poor, conservative, and black population. Project workers, all unpaid volunteers, included 21 physicians, 11 medical students, 4 nurses, 5 social workers, and numerous others. They donated time on a rotating basis. The ten–year perspective shows that the education provided was informal and unsystematic, and it failed to generate any ongoing efforts in the county. In all, the screening clinic examined 821 persons (819 blacks) and found that 34.5 percent of those screened needed further medical followup, illustrating the substantial amount of unmet health needs. Results indicated that although the program met its staff's need for involvement, it failed to produce direct and concrete benefits to Amelia's black population. Ten years later, the county has experienced progress in its political and social systems and in the expansion of health services. Nevertheless, the summer health program's benefits were outweighed by its costs. Such programs are most likely to succeed if planned and carried out by community members and if conducted on a long–term basis. A reference list is included.

267. Schmandt, Jurgen; Bach, Victor; and Radin, Beryl A.
Lyndon B. Johnson School of Public Affairs, Austin, TX.
Information and Referral Services for Elderly Welfare Recipients.
1979, 7p
SHR-0004018 Pub. in Gerontologist v19 n1 p21-27 1979.

Information and referral (I and R) services for the elderly poor in the supplemental security income (SSI) population were studied at the national level and in four States (Florida, Georgia, Texas, and Wisconsin). I and R programs are intended to establish linkages between two welfare strategies: (1) cash assistance and social services as reinforcing strategies and; (2) entitlement of individuals, depending on need and circumstances, to social and health services and food stamps. The following functional typology is useful: range of subfunctions; organizational characteristics; techniques used; agency posture; population served; and geographic coverage. Prior to the implementation of welfare reform in 1974, the Federal Government developed I and R initiatives in three policy and institutional contexts: (1) I and R needs of the general welfare population, including the elderly, were addressed under 1974 Title XX regulations; (2) the elderly, poor and nonpoor, were to receive improved I and R under 1973 amendments to the Older Americans Act; and (3) wage earners who would one day retire from their jobs were the principal audience of a 1971 presidential directive to provide information centers in Social Security Administration district and branch offices. In 16 localities visited to study I and R services, outstationing, cross-training, and colocation of I and R specialists were infrequently used. In the few cases where experiments with interagency linkage were undertaken over a sufficiently long period of time, results were positive. Coordination generally resulted from local agency initiatives rather than from policy guidance at the national level. In the four States, local welfare offices reported a decline in the use of elderly–related services after

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SSI implementation. Some resistance to increased I and R efforts was observed among Social Security Administration staff. In most of the 16 localities, local I and R services such as United Way and other private programs, or I and R services provided by county welfare offices and aging agencies were dominant. Major rural I and R needs are in personal outreach and transportation. The complexity of urban service networks requires a diversified I and R program, including centralized telephone inquiry centers and some form of decentralized walk–in I and R service at the neighborhood level. Efficiency and effectiveness in delivering I and R services cannot be measured by looking at I and R in isolation; successful I and R depends on recognition of variety in needs and service environments. References are cited. Revision of paper presented at the Symposium on Information and Referral Services for the Elderly: A Critical Evaluation at the 29th Annual Meeting of the Gerontological Society, New York, Oct. 15, 1976.

268. Schodek, Kay; Liffiton-Chrostowski, Nancy; Adams, Barbara Coleman; Minihan, Paula M.; and Yamaguchi, Jane.
Regulation of Family Involvement in Deinstitutionalization.
1979, 7p
SHR-0004254 Pub. in Social Casework v61 n2 p67-73 Feb 80.

This article addresses the conflicting legal, administrative, and professional policies that surround family involvement in the deinstitutionalization process of public residential facilities for the developmentally disabled and makes recommendations for effective and consistent policies for professional workers. The concept of deinstitutionalization arose in response to the advocacy of parent groups formed in the 1950's (for example, the National Association for Retarded Citizens), research on the negative effects of institutionalization and labeling, and a 1962 report of the President's Panel on Mental Retardation. These events led, in 1963, to the passage of the Mental Retardation Facilities and Community Mental Health Centers Construction Act. The policy of deinstitutionalization is intrinsically an argument for family involvement. Social workers caught up in deinstitutionalization must follow Federal laws and regulations that view the family as an important resource in the resident's life. The clinical implication for the social worker is that he or she must acknowledge the reversal of family policy, explain the reasons behind the change, and elicit its impact on families whose resident members are being considered for community placement. The social worker's assessment of family needs and resident needs becomes the basis for further intervention with the family. Flexible clinical guidelines should be used in determining the appropriate level of family involvement on a case–by–case base. When social workers are potential implementers of policy, they should have input into policymaking. Notes are provided.

269. Schulberg, Herbert C.; and Jerrell, Jeanette M.
Pittsburgh Univ., PA. School of Medicine.
Evaluator and Management.
1979, 159p
SHR-0004027 Available from Sage Publications, Inc., 275 South Beverly Dr., Beverly Hills, CA 90212.

Conflicts in evaluation and ways of improving cooperation between evaluators and management in the pursuit of organizational effectiveness are topics discussed in nine essays. Prevailing notions of data relevance are critiqued to elucidate the nature of organizational friction produced by the conflicting values and needs of researchers and clinicians. A metaevaluation model is presented that clarifies many of the confusions encountered in determining the practical utility of an evaluation. In addition, reasons why management personnel often fail to grasp an evaluation's relevance to decisionmaking are discussed, as is the development of a

strategy for enhancing an evaluation's utility. This strategy includes the involvement of citizens in the management of human service programs. In examining procedures for removing obstacles to the use of evaluation findings, one essay identifies major technical inadequacies in the evaluation's design and conduct that can lead to flawed information and delivery. The complexities of organizational functioning, particularly managerial behavior, are viewed as significantly affecting evaluation's utility, and the management use of evaluation findings is examined in empirical studies of a wide range of human service programs. The evaluator's location in the organizational structure, the methodological practices used in generating and analyzing data, and the context within which evaluative data can contribute to organizational decision-making are the principal variables examined in these studies. Tabular and graphic data and references are provided. Volume 4 of the Sage Research Progress Series in Evaluation. Papers delivered at the Annual (2nd) Meeting of the Evaluation Research Society, Washington, DC., on Nov 2-4, 1978.

270. Selig, Andrew L.
Evaluating a Social Work Department in a Psychiatric Hospital.
1978, 16p
SHR-0004169 Pub. in Health and Social Work v3 n2 p72-87 May 78.

The social work department at one Canadian university psychiatric hospital, a 65–bed facility with outpatient clinics and day care programs, was examined to define departmental functions and establish a base for evaluating quality of care. The specific study goal was to determine the workload of social workers, the process of referring persons for social work services, and differences between hospitalized persons receiving social work services and those not receiving such services. Actual behavior of the staff and department within the system was studied to determine the consequences of personality, philosophy, and training and the ways these factors interact in a system with other people and traditions. Social work department goals were to assess, directly or indirectly, the total situation of all hospitalized persons, with an emphasis on the interpersonal nature of symptomatic behavior. Study data were gathered by having social workers fill out a short questionnaire for each client with whom they had a significant encounter during one calendar month. In that month, the 3 workers were significantly involved with 110 clients, of whom 62 were discharged during the month. Over 70 percent of client referrals were from students, staff psychiatrists, and social workers themselves. Almost half the initial social work encounters occurred in the first week of hospitalization. Social work clients were most likely to be single, and although their average stay was much longer than that of nonclients, social work intervention did not affect the length of stay. First admissions were less likely than subsequent admissions to receive social work services. Recommendations focus on the attention given to discharge planning and the provision of more education to other professionals concerning the importance of social work. Tables, reference notes, and a biographical note on the author are included.

271. Shoun, Frances N.; Hutchins, Vince L.; Egan, Mary C.; and Eagles, Juanita A.
Bureau of Community Health Services, Rockville, MD. Div. of Clinical Services.
Guide for Developing Nutrition Services in Community Health Programs.
1978, 87p Executive Summary available from PROJECT SHARE.
SHR-0004015 Available from Health Services Administration, Center Bldg., Room 10-44, 3700 East-West Highway, Hyattsville, MD 20782.

This guide to developing nutrition services in community health programs was prepared to assist health planners, program administrators, and health care providers including nutrition personnel, in developing and implementing nu-

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trition services. The guide gives information on planning for services, major elements of a nutrition program, types of nutritional resources, and on other related aspects. Nutrition services should be included as a component of primary health care services and integrated health delivery systems. Certain groups are at particular nutritional risk: women in the childbearing years; infants and children; the aged; low–income families; handicapped or chronically ill individuals; and many groups with different cultural food habits. Nutrition problems in the U.S. include both undernutrition and overnutrition. Planning for nutrition services in health programs should use the same steps as for any health planning effort. Needs assessment, identification of available and potential resources, setting of priorities, implementation, and evaluation of results should be included. A minimal core of nutritional services should include screening and assessment, nutrition education, use of community resources and preventive treatment, and followup services. Nutrition services should be based on professional standards and should be integrated with all aspects of preventive, treatment, and rehabilitative services in health delivery systems. Nutrition service providers include administrators, nutrition personnel, and other health care providers. Every health care program should include nutrition as a budget item. Several Federal programs provide funding for nutrition services. A glossary of terms, a bibliography, and extensive appendices presenting specific policies, forms, and lists of resources are included.

272. Shuman, Larry J.; Wolfe, Harvey; Whetsell, George W.; and Huber, George A.
Pittsburgh Univ., PA. Graduate School of Public Health.
Reimbursement Alternatives for Home Health Care.
1976, 11p
SHR-0004073 Pub. in Inquiry v13 n3 p277-287 Sep 76.

Cost differences among home health care agencies are examined in order to propose a reimbursement system that would encourage these agencies to limit cost increases. Study data were collected from the 30 home health care agencies in western Pennsylvania. These included 13 hospital–based agencies, 14 community nursing services and visiting nurse associations, and 3 clinic–based agencies. Average allowable cost per visit ranged from $6.05 to $36.23 for fiscal year 1973. Contractual arrangements often increased costs. Three alternative reimbursement systems for controlling costs were examined: retroactive payment with a ceiling limitation; prospective payment without a ceiling; and prospective payment with a ceiling. Cost ceilings could be developed by grouping agencies with respect to location, type of agency, and existence of contractual arrangements. A four–step process could be used to set base reimbursement rates for each group. Results showed that retroactive cost reimbursement with a ceiling is the most restrictive of the proposed methods but provides no positive incentive for cost control. Prospective reimbursement should be a near perfect cost control mechanism but is the most costly method. A prospective reimbursement plan with a ceiling and equal sharing of surpluses and deficits provides a cost control mechanism with the positive attributes of the first two systems. All the proposed reimbursement methods are designed only to penalize agencies with extremely high costs. Although contracting for specific services is more economical in some cases, costs tended to be higher for agencies which showed significant use of contract services. Because Blue Cross covers only a small percentage of home care costs, successful implementation of any system to encourage cost control requires that Medicare and Medicaid participate. Tables, notes, and references are included.

273. Siegel, Patricia.
Childcare Switchboard, San Francisco, CA.
Role of Information and Referral Programs in Child Care.

25 Nov 77, 20p
SHR-0004324 Available from ERIC Document Reproduction Service, Box 190, Arlington, VA 22210 as ED 148 465.

This statement presented at U.S. Senate hearings on child care and development describes the operations of the Childcare Switchboard and other programs providing child care information and referral services and urges public financial support for statewide and national information and referral networks. The Childcare Switchboard, founded in 1972 in San Francisco, Calif., is a private foundation–supported agency. Its goal is to provide comprehensive information and referral services to parents seeking child care and child–related services in San Francisco. Parents are referred to formal and informal care, public and private services, and full–time, part–time, and occasional programs. Programs include family day care, cooperatives, Headstart, public centers, and private centers. The Switchboard has made over 15,000 child care referrals in its five years of operation. It also offers information on other services to parents, as well as training seminars, monthly forums, a newsletter, a toy center, and other services for child care providers. For planners, services such as the Childcare Switchboard can provide a steady flow of information on child care issues to help avoid the crisis orientation currently common in childcare decisionmaking. Such information and referral programs could provide a significant body of comparative data, including specific demographic and geographic information. Results of a client followup survey are appended. Presented before the Hearings on Child Care and Child Development, San Francisco, CA.

274. Smith, N. J.; and McCulloch, J. W.
Immigrants' Knowledge and Experience of Social Work Services.
1976, 8p
SHR-0004147 Pub. in Mental Health and Society v4 n3-4 p190-197 1977.

An interview study of 514 immigrants to Great Britain was conducted in order to assess immigrant groups' utilization, knowledge, and evaluation of the social work services in Bradford, United Kingdom. The study population included 160 natives (31 percent), 39 white immigrants (11 percent), and 99 (19 percent) from each of the Indian, Pakistani, and West Indian groups. The questionnaire included both structured and open–ended questions. The main difficulty expressed by all groups was of an economic nature. For the Indians and Pakistanis, the next most important problem was difficulty with language. Housing and environment were ranked low as problems, except by the West Indians and natives. Overall, respondents lacked knowledge of appropriate social service agencies, with only about 15 percent using social work services. There was no appreciable difference in knowledge between users and nonusers of social services. Results indicated that maximizing the use of social services depends partly on ensuring that the public receives knowledge of those services. Knowledge must be disseminated in an understandable and usable form through appropriate and effective channels. To teach immigrants about services, a program of positive discrimination seems appropriate but has dangers. Pluralist measures such as community development programs, which are directed at specific geographic areas, seem to offer more. Nevertheless, more knowledge is needed on the types of communities involved, the channels along which information can be easily and efficiently passed, and providers' attitudes toward those being served before the information dissemination problem will be resolved. A reference list is provided. Presented at the International Congress on Transcultural Psychiatry, Bradford, July 1976.

275. Sorter, Bruce W.; and Simpkinson, Charles H.
Coordinated Networks: A Method for Community Development.

275.

1979, 12p
SHR-0004207 Pub. in Jnl. of the Community Development Society v10 n2 p89-99 Fall 79.

This paper describes a joint effort by the Montgomery County Maryland Regional Health Center and the Cooperative Extension Service for help in developing a strategy and training a community development program. A needs survey showed lack of information about local services to be the single biggest need. Needs and services were identified and connected through coordinated networks of organized citizens, businesses, frontline agency staff, and local government; this mechanism provided for program integration. Programs were pilot tested, then funded and incorporated into existing county services. Over a 6–year period, this strategy resulted in a county information service, a family life center, an interagency council, a community center, activities for senior citizens, youth employment, tutoring assistance for school children, and an interdenominational chaplaincy program. References are appended. (Author abstract modified).

276. *Sourcebook on Aging. Edition Number Two.*
1979, 539p
SHR-0003986 Available from Marquis Academic Media, Marquis Who's Who, Inc., 200 East Ohio St., Chicago, IL 60611.

For older Americans and those persons concerned with them, the second edition of this sourcebook contains materials from Government and private sources divided into four sections, accessible through subject, organization, and geographic indices. A source citation appears at the beginning of each new item. Selected readings contain articles discussing physical and mental health problems related to age; aspects of elderly persons' lives such as their need for transportation, legal services, and economic support; developments that influence retirement decisions; and current retirement patterns, mandatory retirement, and preretirement counseling. Other articles in this section discuss the impact of the proposed fiscal 1980 budget on programs serving older Americans, conflicting needs between the elderly and their children, congregate housing for older people, the special needs of Hispanic elderly, and library services for senior citizens. A section on legislation affecting the elderly includes discussions on the Age Discrimination Act of 1975 and summaries of the Older American Act and amendments to the act. A statistics section contains graphs and tables on the numbers of older persons in the United States and on their health, pension, and retirement programs. Two articles focus specifically on the black elderly. Finally, a resource section includes a bibliography from 1940 to 1977 on transitions in middle age and aging families, a directory of State and area agencies on aging, and a list of organizations and periodicals about the elderly. (Author abstract modified).

277. Sparks, D. Marty; and Henderson, David K.
Virginia Association of Rehabilitation Facilities, Richmond.
Report on Client Service Purchasers' Attitudes and Perceptions of Rehabilitation Services Offered by Virginia Private Rehabilitation Facilities.
Sep 79, 53p
SHR-0004052 Available NTIS PC $7.00/MF $3.50

This paper discusses the attitudes and perceptions of client service purchasers regarding rehabilitation facilities, staff, and programs. Marketing recommendations are also presented to help facilities develop objectives and strategies to improve their image, staff, and their working relationship with the Department of Rehabilitation (DRS) and Department of Mental Health and Mental Retardation (MH / MR). In order to gain information on how client service purchasers perceive the rehabilitation facility, a study was conducted surveying a total of 209

respondents who were DRS counselors, evaluators, aides, and MH/MR coordinators. Respondents rated 19 characteristics of rehabilitation facilities from poor to very good and answered 16 statements about the facilities. The professional manner and competence of staff received the highest rating when evaluated by all respondents. Ratings of the physical plants received the highest scores for accessibility to clients; external appearance of facilities was ranked adequate, and interior condition received lower ratings. The program area was given low ratings for placing clients in competitive employment. In addition, the survey disclosed that DRS counselors and MH / MR coordinators need more information concerning workshop services and that both groups need more sheltered employment for their clients. Moreover, both groups felt that clients should work 8–hour days, that workshops did not adequately represent a real work environment, and that past performances of clients in a workshop greatly affected their planned future use of a facility. Recommendations include the development and maintenance of regular communication with client sponsoring agencies. Extensive tabular data, correspondence, and the study questionnaire are appended.

278. Statewide Youth Advocacy, Inc., Rochester, NY.
PINS Legislation: A Look at the Current System and Alternatives for New York State.
Oct 79, 21p
SHR-0004031 Available from Statewide Youth Advocacy, Inc., 426 Powers Bldg., Rochester, NY 14614.

New York State's legislation regarding status offenders (Persons in Need of Supervision, or PINS), dating from 1963, is examined with respect to its history, content, and possible reform. Recent Federal legislation has required the removal of status offenders from secure detention facilities. However, the legal system's proper role in helping these young people and their families is being debated nationally. Traditionally, court intervention has been justified solely on the vague standard of serving the child's best interests. In New York, although technically limited by definition to truants, runaways, and incorrigible youth, those categorized as status offenders have often included youths who have plea–bargained criminal allegations. Nearly all those involved in the current debate think that status offenders should be helped without court involvement, although they disagree over the point at which society should intervene in status offense behavior and the type of system and services which should be provided. Courts tend to become social service agencies for the poor, while middle–class families tend to rely on voluntary agencies' services. Several groups have recommended elimination of family court jurisdiction over status offenders in most or all cases. Others have argued that alternatives should be explored before court jurisdiction is abandoned. State laws vary widely with respect to definitions, applicable ages, and court powers. The laws of Ohio, Pennsylvania, Florida, Washington, and New Jersey illustrate these variations. European approaches also vary widely. Although the surface strengths and weaknesses of various options are apparent, proof of long–term success of any one approach is lacking. Although the debate over the proper approach will continue, community groups should strive to develop creative, yet realistic, solutions to this problem. A table comparing various State's PINS legislation and footnotes are included.

279. Statewide Youth Advocacy, Inc., Rochester, NY.
PINS: Strategy for Change: Community Task Force Advocacy for Diversion.
Oct 79, 24p
SHR-0004030 Available from Statewide Youth Advocacy, Inc., 426 Powers Bldg., Rochester, NY 14614.

A strategy for diverting status offenders from family court into a network of community–

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based services oriented toward the problems of troubled youth is described. "Persons in Need of Supervision" (PINS) are youth who run away, are truants, and have serious problems at home. In New York, PINS have come under the jurisdiction of the family court. However, there is a strong movement to divert PINS into community–based services to supplant court involvement with seriously troubled, but nondeliquent youth. Groups can help improve services for PINS by collecting and publishing facts regarding the plight of PINS, assessing and supporting existing resources that can help PINS, extending the community's ability to help PINS prior to court involvement, providing public education about child development and available family services, and supporting legislation that will foster appropriate action to help PINS. Task forces which focus on a specific problem can effect significant change. Organized local coalitions or federations of concerned citizens have improved the techniques and programs used to deal with troubled youth. An effective system of help for PINS involves a broad continuum of services that precludes court involvement, support for youth and families who do become involved in the court process, and the provision of long–term assistance to prevent recurrence of problems. Some successful program models are a 24–hour intervention alternatives program, a "jail watch" program to ensure proper referrals for PINS detained by the police, host homes for youth who cannot stay in their own homes, a youth arbitration center, police diversion programs for youth, and short–term crisis counseling. References are provided.

280. Stein, Theodore J.; Gambrill, Eileen D.; and Wiltse, Kermit T.
Children in Foster Homes. Achieving Continuity of Care.
1978, 280p
SHR-0003973 Available from Praeger Publishers, 383 Madison Ave., New York, NY 10017.

This volume is part of a series providing social welfare scholars, policymakers, and planners with current, authoritative research involving analytic and evaluative studies of social service program planning and implementation. This report resulted from studies of the continuity of care for children in out–of–home placement. The effectiveness of a case–management procedure using behavioral intervention methods was compared with more traditional methods of resolving identified problems. The objective was to develop a decisionmaking framework that practicing child welfare workers could apply in a variety of settings. In addition, the barriers to the introduction of systematic case management procedures found in child welfare agencies were analyzed. A detailed description of the assessment and intervention methods is included, and three case examples are given. The material from the study was organized according to the following topics: (1) family autonomy vs. State intervention; (2) decisionmaking in foster care; (3) description of the Alameda project; (4) study results; (5) study implications; (6) barriers to the use of systematic case–management procedures; (7) assessment and contracting; and (8) intervention. Appendices provide project forms and California Civil Code Section 232. Author and subject indices and information about the authors is also included. Individual chapters contain tabular data and notes. One of the Praeger Special Studies Series in Social Welfare.

281. Stoddard, Sandol.
Hospice Movement: A Better Way of Caring for the Dying.
1978, 266p
SHR-0004116 Available from Stein and Day, Scarborough House, Briarcliff Manor, NY 10510.

The basic philosophy, nature, development, and current status of the hospice movement are presented in this book intended to show the layperson how and why hospices work. Drawing on numerous case histories and on personal experience as a volunteer in the first 20th century

hospice model, St. Christopher's Hospice in London, England, the author traces the roots of the concept from the medieval days, when a hospice was a resting place for travelers, to modern times—in which hospices help terminally ill patients face death without pain or fear. Specific chapters discuss (1) hospice use of highly sophisticated techniques of pain and symptom control while avoiding inappropriate use of heroic methods of resuscitation, (2) the specific aspects of patient care in a hospice, (3) staffing and administration of hospices, (4) home care programs, and (5) architectural arrangements for inpatient units. It is emphasized that a hospice is not a physical facility, but a philosophy of caring for the terminally ill. Hospices in London, New York City, California, Connecticut, and other locations are described. Numerous dialogues and case descriptions are used to illustrate the hospice concept and experience, particularly from the patient's viewpoint. Chapter notes, a bibliography, an index, and appendices presenting detailed information on drugs for controlling common symptoms, especially pain, are included.

282. Terrell, Paul.
Private Alternatives to Public Human Services Administration.
1979, 21p
SHR-0003876 Pub. in Social Service Review v53 n1 p56-74 Mar 79.

To determine the scope and nature of local government contracting with private agencies for the provision of human services, a questionnaire survey of localities participating in three Federal programs was conducted. The programs included general revenue sharing, community development block grants, and Title I of the Comprehensive Employment and Training Act(CETA). Questionnaires were mailed to officials in the 130 largest urban jurisdictions in late 1977 and early 1978. Response rates for the three groups of officials ranged from 70 to 78 percent. Questionnaire data were verified by data from other sources wherever possible. Results indicated that although the scope and magnitude of contracting varies widely across jurisdictions and funding areas, it is often used to implement tax-financed human service programs. Data also suggested that contracting is most likely to occur through funding sources most clearly focused on human services. Contracting was therefore more widely used for CETA than for the other two programs. In addition, the findings indicate that local governments' use of contracting has increased in recent years. Because this interpenetration of public and private activities is likely to increase, government must clearly define services sought, and private agencies must accommodate their operating procedures to government's requirements for fairness and equity. This public-private partnership is just beginning to evolve, but represents an appealing future option. Notes which include references are provided.

283. Tissue, Thomas.
Response to Recipiency Under Public Assistance and SSI.
1978, 13p
SHR-0004080 Pub. in Social Security Bulletin v41 n11 p3-15 Nov 78.

Attitudes, perceptions, and program preferences of aged and disabled persons who received public assistance in 1973 and supplemental security income (SSI) payments in 1974 were studied. The Social Security Administration collected data in a nationwide survey of low-income aged and disabled persons to evaluate the SSI program. During the last 3 months of 1973, immediately before SSI program implementation, personal interviews were conducted with 17,551 aged, blind, and disabled persons. Nearly 16,000 members of the original sample were reinterviewed in late 1974. The sample included only persons who received old age assistance (OAA), aid to the permanently and totally disabled (APTD), or aid to the blind (AB) when interviewed in 1973. All subjects received SSI at the time of the 1974

interview and were interviewed in person. Respondents were selected from five key States—California, Georgia, Mississippi, New York, and Texas—while a sixth group came from the rest of the United States. Most aged and disabled welfare recipients did not feel embarrassed or troubled about receiving aid in 1973 and few thought other people denigrated their worth simply because they received welfare payments. The majority believed agencies treated them with respect and processed payments efficiently. Though welfare was better appreciated than had been anticipated, SSI achieved a higher degree of approval. Administrative ratings for SSI were as favorable as those for the public assistance system; SSI received more "good" ratings than welfare and was the clear choice when recipients were asked to pick the system they preferred. Recipients of OAA, APTD, and AB programs were truly needy in that their dependency was seldom attributable to failure of will or character. Instead, they were victims of social factors or personal calamities beyond their control and personal responsibility. Administrative efficiency and amount of cash benefits were apparently more important considerations than the degree of stigma perceived by assistance recipients. Supporting data are tabulated.

284. Travers, Henry J.
James Madison Univ., Harrisonburg, VA.
Organization: Size and Intensity.
1979, 87p
SHR-0004118 Available from University Press of America, 4710 Auth Place, SE, Washington, DC 20023.

The relationship between an organization's size and its administrative intensity (the amount of an organization's resources or energies devoted to coordination of its activities, rather than performance of its task) is examined in this critical review of 27 empirical studies. The monograph is intended as a guide for future research and as a text for courses on administration, management, and bureaucracy in the fields of sociology, political science, psychology, and business. Each of the 27 studies is summarized in terms of the number and types of organizations studied, date and location of research, data collection procedures, measures, analysis, and results. Organizations studied include business organizations, government agencies, labor unions, school systems, and hospitals. Data from all these studies were collectively evaluated. The studies produced mutually inconsistent results. Some reported a positive association between size and intensity; others, a negative one; and still others, no relationship at all. These findings persisted regardless of several study characteristics. Nevertheless, data did not permit discussing the possibility of a size–intensity relationship. The evident inconsistencies resulted from lack of systematic conceptualization of the concepts involved, from superficial treatment of additional relevant factors such as demographic factors and activities coordinated, and from failure to use available data on social organization and change. Future research should remedy these deficiencies. Chapter notes and a reference list are included.

285. United Way, Inc., Los Angeles, CA.
Report of the Los Angeles County Information and Referral Study.
1979, 20p
SHR-0003938 Available from United Way, Inc., 621 S. Virgil Ave., Los Angeles, CA 90005.

The Los Angeles County, Calif., Information and Referral Study was designed to identify and document existing information and referral programs in Los Angeles County and to make recommendations to improve delivery of these services. Information and referral services was defined as the process of informing people about social service agencies and linking people to appropriate agencies when necessary. Information and referral may be given face to face, by telephone, or in writing. The study, initiated in 1977, used a questionnaire survey of

278 agencies which claimed to provide an information and referral program. Of these, the study identified 253 in Los Angeles County. Data confirmed the intolerable fragmentation of information and referral service in the county, the lack of general and easy access to service, and the excessive cost. Also highlighted were the questionable quality of service, the lack of available data for needs assessment or other planning purposes, and the use of excessive time and money for production of resource data. It was recommended that a federation of information and referral providers be created to develop a coordinated information and referral system. A nucleus would provide 24–hour comprehensive information and referral, and a network of local and countywide categorical information and referral systems. A steering committee should be established immediately to implement the federation in incremental phases using this report's guidelines. Leadership should come from the Los Angeles County Department of Public Social Services and the United Way, Inc. Diagrams are included, as are appendices listing agencies represented on the study's technical liaison committee and defining information and referral services.

286. Urban Inst., Washington, DC.
Comprehensive Service Needs Study Report.
23 Jun 75, 854p Executive Summary available from PROJECT SHARE.
SHR-0003179 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-061-00038-1.

An overview of the needs of the severely handicapped is provided, with emphasis on those which can be met with existing or developing vocational rehabilitation (VR) technology. Following estimates of the population at risk, based on analyses of existing data, two surveys of the severely handicapped population are presented—one of individuals who have been to a VR agency and either were not accepted or terminated as unsuccessful, the other of a random sample of patients served in comprehensive medical rehabilitation centers. The findings of these surveys and of a literature review are then related to a series of selected problem areas, including dependency, architectural and transportation barriers, employment, and social interaction of the severely handicapped. Subsequent sections examine some specific groups of the population which present unusual issues in program design and services (i.e., the mentally ill, the retarded, the blind and visually impaired, the deaf), describe the VR process and report on a survey of rehabilitation service providers, review HEW and non–HEW programs which may impinge upon the severely handicapped and have implications for coordination and accomplishment of rehabilitation, and outline programmatic and financial options for providing services to the severely disabled. Finally, observations are noted concerning a demonstration project mounted in conjunction with this study and other areas for further research. Tabular data are included.

287. Visher, Emily B.; and Visher, John S.
Stepfamily Foundation of California, Inc., Palo Alto.
Stepfamilies: A Guide to Working with Stepparents and Stepchildren.
1979, 280p
SHR-0004009 Available from Brunner/Mazel, Inc., 19 Union Square, New York, NY 10003.

The unique dynamics of a stepfamily, problems likely to be encountered by the children and the parents, and therapeutic techniques for dealing with stepfamily problems are discussed. Stepfamilies must deal with such problems as extreme hostility of a child toward a stepparent, difficulties in arranging vacations when children move back and forth between households, feelings of resentment toward an ex–spouse who receives alimony, and sexual feelings between stepparents and adolescent stepchil-

dren. Stepchildren have the problems of sorting out loyalties, dealing with loss, and coping with guilt. The general goals of therapy with stepfamilies are the development of a structure of reorganization with good couple bonding and freedom of movement for the children, particularly where an ex–spouse–parent is involved. The complexity of stepfamily structures make the following subgroups possibilities for therapeutic strategies: stepparent couple, all adults involved with individual children, ex–spouses, all adults and all children, various groupings of adults and children, and the couple and the children (visiting or living in the household). Therapists must determine the dimensions of the problems and involve appropriate persons and groups in therapy. Various techniques that might be used in counseling particular individuals and groups in the stepfamily network are described. The appendices contain guidelines and references for stepfamilies. References for the text are also provided, along with an index.

288. Warmbrod, Catherine P.; and Eisner, Hannah R.
Ohio State Univ., Columbus. National Center for Research in Vocational Education.
Operating a Retirees Volunteer Program in Postsecondary Institutions: A Resource Handbook.
Sep 79, 150p
SHR-0004127 Available from National Center Publications, 1960 Kenny Road, Columbus, OH 43210.

This handbook is part of the technical assistance materials prepared for Project ASSERT (Activity to Support the Strengthening of Education through Retired Technicians), a demonstration project sponsored by the Administration on Aging, Office of Human Development Services. The content of the resource handbook should enable colleges to implement programs using retired persons as volunteers. Each section contains information and guidelines to be followed from determining feasibility through the process of evaluation and renewal. Illustrative examples of experiences at two college demonstration sites are included. At the end of each program component section, resource materials are provided. (Author abstract modified). Leadership Training Series No. 61.

289. Weber, Donald E.
Neighborhood Entry in Group Home Development.
1978, 16p
SHR-0004142 Pub. in Child Welfare v57 n10 p627-642 Dec 78.

Neighborhood entry strategies are explored with reference to neighborhood, client, sponsoring agency, facility, and legal variables in group home development. Three neighborhood entry strategies are the low–profile entrance ("slipping in quietly"), the high–profile entrance (educating anyone who will have contact with the group home), and the combination approach (informing the "select few"). Major variables associated with the neighborhood in which a group home will be located are residential quality, family orientation and neighborhood cohesion, history of neighborhood organization, socioeconomic class, race, other human service programs in the area, leadership, family mobility, and size of city or town. Client variables include client group size, client age and sex, labels clients will have, race, group and group home visitors. Sponsoring agency variables deal with auspices, credibility, political vulnerability, field experience, and staffing plan. Facility variables concern size and layout, yard and play space, vehicle parking, neighborhood standards, and location from which clients come. Legal variables focus on zoning and licensing. Neighborhood objections to group home stem from concern about property values and privacy and fear for the safety and values of children. Whatever strategy is used in group home development, seven steps are necessary in successful neighborhood entry: (1) deciding on an adequate facility; (2) becoming familiar with the neighborhood; (3) reviewing relevant

variables; (4) selecting an entry strategy; (5) performing detailed planning related to that strategy; (6) executing the strategy; and (7) evaluating its effectiveness. Suggestions to minimize neighborhood resistance are offered. References are cited.

290. Weiler, Philip G.; and Rathbone-McCuan, Eloise.
Adult Day Care: Community Work With the Elderly.
1978, 176p
SHR-0004135 Available from Springer Publishing Co., 200 Park Ave., South, New York, NY 10003.

Designed for health care professionals concerned about the problems and issues associated with developing alternative forms of long-term care for the elderly, this book addresses the difficulties that are encountered in planning services and the practical problems of administration in day care operations. An overview of the problem identifies the major social and health aspects of long-term care and develops a supportive argument for day-care-center service. The historical development of centers in northern Europe and the U.S. is examined, and the current status of these services is used as a guideline for understanding present and future service trends. Day care services are discussed within a framework that emphasizes the interrelationship between the health and social components of long-term care. Day care services are considered from the standpoint of caring for the chronically ill patient, who may experience acute episodes, but differs radically from the younger patient in his or her need for comprehensive care that is not under the aegis of a single health practitioner. A model of long-term care is described which stresses the interdisciplinary care, multiagency-based service, and access routes simple enough for the elderly person to manipulate, and services flexible and permanent enough for the elderly person's use pattern. The model is illustrated with studies of the Urban County Health Department in Lexington, Ky., and the Levindale Hebrew Geriatric Center and Hospital in Baltimore, Md. Also explored are some of the most problematic issues of services involving specialized roles and services provided by medicine, nursing, and social work staff; the role of the family in the day care setting; methods and techniques for intake and discharge; and financial and administrative aspects of day care operations. Individual chapters have notes and suggested readings, while appendices provide a questionnaire, an evaluation summary, data sheet, and a list of community resource agencies. (Author abstract modified). Volume I in the Springer Series on Adulthood and Aging.

291. Weiner, Marcella Bakur; Brok, Albert J.; and Snadowsky, Alvin M.
Working With the Aged: Practical Approaches in the Institution and Community.
1978, 231p
SHR-0004137 Available from Prentice-Hall, Inc., Englewood Cliffs, NJ 07632.

This book provides guidelines, techniques, and approaches for working with older people in institutional and community settings. A theoretical base and a practical approach are geared to helping the older person. The more practical aspects offer step-by-step guides for setting up and implementing various rehabilitation and group-counseling techniques. An overview considers the question of why professionals would want to work with the aged, as well as various aspects of physiological and psychological aging. An examination of the institutionalized aged looks at various approaches to improving the mental and physical ability of institutionalized residents and emphasizes the importance of maintaining and creating a high quality of life experiences for residents of nursing homes and similar facilities. Attention is directed to the step-ladder approach of rehabilitation, to sensory training, to reality orientation, to the remotivation technique, to implementation of

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the step–ladder approach, and to such additional therapeutic approaches as recreation therapy and supportive group psychotherapy. The final section focuses on the aged within the community and on teaching the community about the aged. Tables, figures, footnotes, an index, and an appendix containing seven different evaluation forms are provided.

292. Weissert, Willam G.
National Center for Health Services Research, Hyattsville, MD.
Rationales for Public Health Insurance Coverage of Geriatric Day Care: Issues, Options, and Impacts.
1978, 13p
SHR-0004043 Pub. in Jnl. of Health Politics, Policy and Law v3 n4 p555-567 Winter 1979.

Focusing on geriatric day care as an alternative to the traditional long–term care system, this article discusses models and roles of day care and estimates its effects on eligible populations. The issues considered also apply to alternatives other than day care. Data on geriatric day care were derived from a descriptive study of ten centers conducted in 1974–1975. Two models of geriatric day care emerged from the study: day hospital programs with strong health care orientation, including physical rehabilitation as a treatment goal, and multipurpose programs focusing on participants' needs for social services, meals, social interaction, and activities. Objectives of day care considered include cost–saving, improvement of health status, and improvement of quality of life. Thus far, public financing programs have shown scant interest in offering such a continuum of care for the elderly. Before funding mechanisms can be developed for long–term care alternatives to institutionalization, additional analysis is needed which will project the consequences of differing eligibility criteria among the total population of the elderly and overlay these with supply, consumer preference, access, copayment, and deductible requirements to estimate demand under differing objectives for long–term care policy. Notes and tabular data are provided.

293. White, Roger B.
Johns Hopkins Univ., Baltimore, MD. Dept. of Maternal and Child Health.
Navajo Child Abuse and Neglect Study.
29 Jul 77, 140p
SHR-0004134 Available from Johns Hopkins Univ., Dept. of Maternal and Child Health, Baltimore, MD 21218.

Study objectives of this project were obtaining an epidemiologic profile of child neglect and abuse among the Navajo, assessing sociodemographic characteristics, and obtaining baseline estimates of neglect and abuse incidence and prevalence. Data sources were 29 different agencies' records. Four gradients of abuse and neglect were utilized: (1) adjudicated abuse; (2) documented abuse through laboratory or clinical findings; (3) voluntary neglect–harm or risk without documented abuse under preventable circumstances; (4) involuntary neglect–harm or risk without documentation of abuse under circumstances believed to be beyond parental control. All adjudicated child abuse or neglect cases seen at any of the five Navajo Tribal locations or two State court districts between 1971 and 1975 were included. All comparison cases were derived from a systematic random sample of pediatric outpatient cases seen during 1975 at nine Indian Health Services and three private medical facilities. Two data collection instruments were devised: a patient information form containing sociodemographic and medical data, and a master file form. For 1975, 52 children were classified as abused; 220 as voluntarily neglected; and 93 as involuntarily neglected. There were 174 abused cases prior to 1975. A greater percentage of involuntarily neglected children sustained severe injury than did those abused, and nearly all perpetrators were parents or parental substitutes. Responses indicate that problem cases are usually known to multiple agencies. The estimated prevalence data suggest a minimum of 2,368 episodes in-

volving abused or neglected children between birth and age nine years. Abused children were found to be from larger and more socially incomplete families than the comparison group. Their parents were found to be older, unemployed, and supported by public funds. Appendices include definitions and additional source data.

294. Williams, Cindy Cook; and Rice, Donetta G.
Intensive Care Unit: Social Work Intervention With the Families of Critically Ill Patients.
1977, 8p
SHR-0004168 Pub. in Social Work in Health Care v2 n4 p391-398 Summer 1977.

Hospital intensive care units can be a significant practice area for social work intervention with the families of critically ill patients. Nowhere are families in more obvious crises than when faced with the life–threatening illness of a relative or friend who may be unresponsive and dependent on a frightening array of highly technical equipment. Using the crisis model for their intervention, social workers can significantly lessen the trauma experienced by these families. Additionally, social workers can develop other supportive hospital resources such as family groups and volunteer services to help meet families' needs. The crisis model is based on the recognition of the crisis situation, a disequilibrium in the family system caused by the death–threatening condition of one of its members. The family members' responses and the needed intervention are conditioned by the individual perception of the event, the available support system, and the coping mechanisms used to deal with the event. Social work intervention can involve strengthening and promoting communication lines between families and staff. In addition, social workers can help by familiarizing families from distant areas with local conditions and by mobilizing local community resources for help with temporary lodging and financial arrangements. In the event of death, the social worker assistance can again be supportive in making decisions. References are provided. (Author abstract modified).

295. Willms, Jon Douglas.
University of Lethbridge, Alberta (Canada).
Retarded Adults in the Community. An Investigation of Neighborhood Attitudes and Concerns.
1978, 161p Executive Summary available from PROJECT SHARE.
SHR-0004120 Available from Eric Document Reproduction Service, PO Box 190, Arlington, VA 22210.

The development of attitudinal measures associated with citizen response to the placement of group homes for retarded adults in their neighborhoods is discussed, and results and implications are considered from tests administered to 75 adults living near a facility housing 36 retarded adults. The study was designed to determine the factors that affect attitudes toward integration of the mentally retarded with community life, knowledge about mental retardation, and the specific concerns that people have about the presence of retarded adults in their community. An open–ended questionnaire administered to 20 people from middle and upper–middle areas of an urban center probed these areas of anticipated concern: personal safety, economic aspects, operation of the home, and the possibility of the retarded adult being a nuisance in the community. Respondents were blocked according to sex and proximity to the group home, and a brief interview was conducted with all respondents to determine their previous contact with retarded people, the number of children in their home, their permanence of residence, socioeconomic status, age, first language, level of education, religion, and religiosity. The primary concern of the subjects was the mechanics of the home's operation, followed in priority by safety and economic concerns and the nuisance concern.

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Those living closest to the home had the fewest concerns, as did those who had previous extended contact with mentally retarded persons. Knowledge about the mentally retarded also correlated with fewer concerns about the presence of the home. Materials used in the study are provided in the appendices; tabular data and a bibliography are also provided. (Author abstract modified).

296. Willoughby, Doris M.
National Federation of the Blind, Baltimore, MD.
Resource Guide for Parents and Educators of Blind Children.
1979, 142p
SHR-0003918 Available from National Center for the Blind, 1800 Johnson Street, Baltimore, MD 21230.

A general philosophy and practical suggestions for parents and educators of blind children are presented, applicable from infancy through high school. A general philosophy of blindness is discussed to provide a base for setting priorities and developing strategies for the personality and ability development of blind children. The blind child has the same needs and desires as any other child and should live a normal life with few restrictions. Suggestions are offered on how to overcome concrete and abstract obstacles likely to be encountered as a blind child is helped in growth toward a responsible and independent adulthood. Issues discussed include play, learning, the practical tasks of daily living, partial sight, dealing with the attitudes of others, and what to tell blind children about their blindness. Suggestions for facilitating good education, travel (orientation and mobility), social relationships for the blind child are given. Also presented are guides for helping a multiple–handicapped blind child. References and a list of addresses of organizations that help the blind are provided.

297. Wodarski, John S.; and Bagarozzi, Dennis A.
Behavioral Social Work.
1979, 335p
SHR-0004164 Available from Human Sciences Press, 72 Fifth Ave., New York, NY 10011.

Behavioral social work is formalized in an effort to help educators in schools of social work incorporate this empirically based knowledge into curriculums, where it has been seriously neglected in the past. Treatment techniques based on different theories of learning are reviewed, training procedures are outlined, and criteria for the assessment of competency for practicing behavioral social work are discussed. Attention is given to individual, family, and group practice; institutional and societal intervention; and supervision of students engaged in applying these methods. A curriculum to train behavioral social workers is described, including organizational aspects of the curriculum, course content, and behavioral internship. Issues and developments in behavioral social work in the 1980's are projected, with discussions of self–control, use of aversive techniques, biofeedback, generalization and maintenance of behavior, empirically based concepts of human behavior, and comparative evaluation of various techniques. Also considered are competency criteria for practice, legal actions, macrolevel analysis, and prevention of behavioral difficulties. References and an index are provided.

298. Women's Action Alliance, Inc., New York.
How to Organize a Multi-Service Women's Center.
Sep 76, 35p
SHR-0004251 Available from Women's Action Alliance, Inc., 370 Lexington Ave., New York, NY 10017.

This booklet is a working guideline for women interested in establishing a multiservice women's center; it describes the goals, structures, and functions of such centers. The first section discusses topics pertinent to organizing the center: community outreach programs; information collection; publicity; goals; and a working

organizational structure. Two working centers (one in Iowa and one in New York City) are described as examples of organizational alternatives. Details of location, hours of operation, staff training, legal considerations, and fundraising are provided. A second section discusses services offered by most women's centers, as well as suggested special projects. Sample program descriptions from multiservice and single issue women's centers, along with basic resource materials, are included. Subjects discussed are information and referral, consciousness raising or support groups, workshops, speakers' bureaus, newsletters, and emergency housing. An example of the single issue center is the feminist therapy center which provides feminist counseling designed to help women develop a new awareness, often by recognizing and examining the often damaging effects of the more "traditional" psychiatrists' and psychologists' approach. Other single issue centers described are health centers, rape crisis centers, and university women's centers. A third section of the booklet is a directory of multiservice women's centers. Update of 1973 edition.

299. Worden, Mark; and Rosellini, Gayle.
Role of Diet in People-Work: Uses of Nutrition in Therapy With Substance Abusers.
1978, 9p
SHR-0004176 Pub. in the Jnl. of Orthomolecular Psychiatry v7 n4 p249-257 1978.

Biological, diet–related factors frequently neglected in alcohol and drug abuse treatment are reviewed, and examples of how nutrition is integrated into the counseling process are presented. Nutritional and other related physiological considerations are overlooked or neglected in treatment planning and implementation, yet the assumption that biological determinants are negligible is wrong. Nutrition and other diet–related processes have long been known to affect physical, cognitive, and emotional functioning, and certain kinds of emotional and behavioral problems are related to nutrient deficiency and food intolerance. Moreover, there can be little doubt that the casual and chronic use of alcohol and other drugs leads to widespread vitamin and mineral deficiencies. Drug–induced nutritional deficiencies may be the single most frequent cause of malnutrition in America. While there is controversy surrounding the prevalence of hypoglycemia in the general population, there have been clinical reports of unusually high rates of hypoglycemia in conditions of alcohol–dependent populations. Yet research on hypoglycemia in these populations is virtually nonexistent. There is also a growing consensus that daily overdoses of caffeine constitute one of the most widespread and least acknowledged forms of drug abuse, yet this diet–related factor is seldom found in reports on counseling processes. Attention to diet–related factors might enhance the therapeutic process since some behavioral problems stem from the biochemical process. Diet should be an indispensable part of a treatment program, and the client's hereditary background, present diet, and presenting symptoms should be noted by the counselor. Dietary counseling should explore not only the beneficial nutrient aspects of food, but also the possibility of food intolerances and allergies. References are cited. An expanded version of a paper presented at a symposium and workshop at the Fifth National Drug Abuse Conference in Seattle, Wa., April 1978.

300. Young, Christine L.; Hall, William T.; and Collins, Jane.
Providing Health and Social Services to Illegal Alien Families: A Dilemma for Community Agencies.
1979, 10p
SHR-0004146 Pub. in Social Work in Health Care v4 n3 p309-318 Spring 1979.

Because of population pressures in countries like Mexico, illegal immigration to the United States is expected to increase. Traditionally, illegal aliens from Mexico settled in rural areas of

300.

the Southwest, but since 1970 they have been dispersed throughout the country and employed as unskilled laborers in cities. Estimates of the numbers of illegal immigrants and their utilization of social services are difficult to obtain. Since no national policy exists, local community programs have encountered many conflicts between their health and educational responsibilities and the fact that illegal aliens are not legitimate clients. In planning for the illegal alien population, maternal and child health care should receive priority, followed by emergency care, housing, and occupational safety. A group of social service and health professionals interviewed in Denver reported that cultural and language barriers along with family conflicts stemming from the illegal status interfered with the women's use of health services. The practice of marrying or having children to obtain citizenship creates additional problems. Although providing services for aliens could create many difficulties, it could also prevent chronic health and social problems for children born in the United States of illegal alien parents and could improve relations with the Mexican–American community. References are included.

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